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APPLICATION FOR ALCOHOL, DRUG ABUSE
AND MENTAL HEALTH SERVICES BLOCK GRANT

1990

PARTS I AND II

MASSACHUSETTS STATE PLAN FOR THE
PREVENTION, TREATMENT AND CONTROL OF
ALCOHOL ABUSE, ALCOHOLISM,
DRUG ABUSE, AND DRUG ADDICTION

Massachusetts Department of Public Health
Division of Substance Abuse Services
150 Tremont Street
Boston, Massachusetts 02111

Michael S. Dukakis
Governor, Commonwealth of Massachusetts

Philip W. Johnston
Secretary, Executive Office of Human Services

David H. Mulligan
Commissioner, Department of Public Health

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1990 BLOCK GRANT APPLICATION

The Massachusetts Department of Public Health, Division of Substance Abuse Services is the single state authority for the treatment and prevention of alcoholism and drug addiction. A comprehensive network of drug and alcohol prevention, early intervention, and treatment services has been developed to meet the growing needs of substance abusers and their families. The Division seeks to provide adequate, equitable, accessible, and quality services to those who are suffering from the consequences of alcohol and/or drug problems. Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant dollars enhance the Division's ability to provide services. ADMS funds are directed toward underserved populations who are often those with the highest needs - IV drug users, substance abusers who are HIV positive or have a diagnosis of AIDS, women, communities of color, youth, the disabled, the homeless and the elderly. The Division, with ADMS and state funds, purchases culturally, linguistically, gender and age appropriate services. State and federal dollars are combined and allocated according to need.

This is a joint application for alcohol and drug services funds. The Division first submitted a joint application for ADMS Block Grant funds for fiscal year (FY) 1987. The change to a joint application was the result of an organizational merger implemented in January of 1986. The Division of Alcoholism and Drug Rehabilitation was consolidated into a single administrative framework. Legislation to officially merge the Divisions of Alcoholism and Drug Rehabilitation was drafted and filed. The proposed legislation combines chapters 111B and 111E of the Massachusetts General Laws to create a single authority, the Division of Substance Abuse Services. The final phase of the merger will combine the regulations of parallel service types from the drug and alcohol systems.

The ADMS Block Grant application for Fiscal Year 1990 has been written to conform to the guidelines specified in the Anti-drug Abuse Act of 1988. Regional public hearings were held on April 4th, 12th, 14th, 20th and 25th to incorporate community recommendations with regard to usage of Block Grant funds. The application is divided into five sections: a Substance Abuse Profile of Massachusetts, the Division's Response in FY89, the Division's Goals for FY90, A Budget Overview for FY89 and FY90, and Required Assurances.

I. A SUBSTANCE ABUSE PROFILE OF MASSACHUSETTS

Massachusetts has a population of about 5.8 million men, women and children. Boston is the capital and the largest urban center; 48% of the population lives in the Boston area. Other major urban centers include Worcester, Springfield, New Bedford, Fall River, Brockton, and Lowell. Several characteristics potentially influence alcohol and drug trends in the major urban centers and throughout Massachusetts:

- o the State's proximity to six neighboring States and a network of highways and interstate roads linking the New England States;
- o proximity to Route 95 linking all the major cities on the east coast;
- o easy access among cities and towns in Massachusetts;
- o a large population of college students in both the Greater Boston and western areas of the state;
- o several cities with fishing industries and harbors areas;

Though the exact number of substance abusers in the state is unknown, alcoholism prevalence formulas suggest that the mean alcoholism prevalence in Massachusetts is about 5%. Similarly, epidemiological surveys suggest that about 2% of the population may have a diagnosable drug abuse problem. These estimates suggest that there are 290,000 problem drinkers and 116,000 drug abusers, or a total of 406,000 substance abusers.

MIS information on clients for the first three quarters of FY89, client data on different urban centers, epidemiological information on the Greater Boston area for FY88, data from the National Institute of Drug Abuse/Drug Abuse Warning Network (DAWN), statewide indicators and other data suggest that substance use and abuse is prevalent statewide and concentrated in large urban centers. In urban centers with populations over 100,000, the percentage of clients reporting alcohol as their substance of choice was less than for smaller urban centers. (Table I) The percentage of clients reporting heroin as their drug of choice was the same for urban centers over 100,000 and urban centers with populations between 50-99,999. The percentage of clients reporting cocaine/crack as their substance of choice decreased as the size of the urban centers decreased.

TABLE I 1: SUBSTANCE USE BY SIZE OF CLIENT COMMUNITY
1ST 3/4 FY 1989 - IN PERCENT

	Over 100,000 (N = 21,474)	50,000 - 99,999 (N = 15,879)	Under 50,000 (N = 32,776)	State ^a (N = 72,235)
<u>Substance Use Past Month</u>				
Alcohol	73	73	73	73
Heroin	20	18	9	15
Cocaine/Crack	35	26	17	24
Marijuana	16	18	18	18
Needle Use	18	18	9	14
<u>Substance of Choice^b</u>				
Alcohol	65	70	77	71
Heroin	16	16	9	13
Cocaine/Crack	17	11	9	12
Marijuana	1	2	3	2
Other	1	1	2	1
<u>Route of Administration^b for Substance of Choice^b</u>				
<u>Cocaine</u>	(N = 2,357)	(N = 1,042)	(N = 1,604)	(N = 5,224)
Smoke	61	48	42	52
Inhale	20	25	34	26
Needle (IV or IM)	16	24	20	19
Other	3	3	4	3
<u>Heroin</u>	(N = 5,716)	(N = 2,257)	(N = 1,586)	(N = 9,781)
Smoke	1	1	1	1
Inhale	11	9	7	9
Needle (IV or IM)	88	90	91	89
Other	<1	<1	1	1
<u>Frequency of Use Past Month (Average Days in Month)</u>				
Alcohol	23	20	17	19
Heroin	26	26	24	25
Cocaine/Crack	20	17	15	18
Marijuana	14	14	13	14
Needle Use	26	26	24	25
<u>Excluding "No Use" Clients</u>				
Alcohol Only	46	50	58	52
Drugs Only	18	14	9	13
<u>Multiple Use</u>				
Primarily Drugs	27	25	22	24
Primarily Alcohol	10	11	12	11

^aIncludes clients from outside of Massachusetts and clients residing in county and state correction facilities^bInformation from discharge portion of MIS form. Data only available for clients discharged from program

A. Alcohol Abuse

Alcohol abuse remains a major problem in the state of Massachusetts. It is a legal drug and highly accessible. There are 9,709 licensed liquor outlets in Massachusetts. Of 72,235 clients admitted in the first three quarters of FY89, 71% reported alcohol as their primary drug of choice and 73% reported using alcohol in the past month prior to admission. The percentage of clients reporting alcohol as their primary drug of choice increased with the decrease of urban size.

B. Other Drugs

Cocaine and heroin continue to be the primary illicit drugs of abuse. Cocaine is readily available at a high purity and relatively low cost. Crack has surfaced as a major problem. Data on client admissions for the first quarter of FY89 indicate that 13% reported heroin and 12% reported cocaine/crack as their primary substance of choice. The percentage of clients reporting heroin and cocaine/crack as their primary substance of choice decreased with the decrease of urban center size. Needle use as the route of administration for clients using heroin was 89% and for cocaine 19%. For both heroin and cocaine, the percentage of clients using needles from varying sizes of urban centers increased with decrease in urban center size.

About 2% of the clients in the treatment system during the first three quarters of FY89 reported that marijuana was their drug of choice. About 1% of clients in treatment reported substances other than alcohol, heroin, cocaine/crack, and marijuana as their drug of choice. Many clients in treatment reported polydrug use with substances such as cocaine, heroin, marijuana, and alcohol.

1. Cocaine

Twenty-four percent of admissions in the first three quarters of FY89 reported cocaine/crack use in the month prior to admissions. The greatest percentage (35%) was from clients from urban centers of 100,000 or more. Cocaine/crack was the substance of choice for 17% of clients from urban centers of 100,000 or more; 11% of those from urban centers of 50-99,999; and 9% of those from urban centers of under 50,000. For those reporting cocaine use, smoking was the most common route of administration. The percentage of clients reporting needle use as the route of administration increased with the decrease in urban center size.

In the Greater Boston treatment programs, cocaine admissions have increased over the last several years: 37% of the admissions during fiscal year 1988 reported cocaine as the drug of choice, compared to 34% of the clients reporting cocaine as the primary drug problem during fiscal year 1987 and 26% during fiscal year 1986. These findings contrast sharply with Client Oriented Drug Abuse Program (CODAP) data from ten years ago; in 1978, cocaine was the primary drug problem for 3% of the admissions to the statewide

treatment system. Of the clients reporting cocaine as their substance of choice, 66% were male, 61% were minority, 52% had children, and 71% were below 30 years of age.

DAWN data indicate a significant increase in ER mentions over the last 3 years. In 1987, there were 1,284 cocaine-related ER mentions as opposed to 553 in 1986 and 320 in 1985. The number of cocaine mentions during the first quarter of 1988 (286) far exceeded the number of mentions during the comparable time period for 1987 (194).

Between January and October, 1988, the Boston Police Department made a total of 3,112 Class B (cocaine and cocaine derivatives) arrests compared to 2,312 during the comparable 1987 time period. In 1987, the Boston Police Drug Control Unit made 353 arrests for cocaine trafficking (possession of at least 28 grams). data from the Department of Public Health Laboratories, where many drugs seized in Massachusetts are analyzed, indicate that of all the samples analyzed in October, 1988, cocaine represented 35 percent of the state's drug seizures.

2. Heroin and Other Opiates

Heroin was reported to be the substance of choice for 13% of all admissions. The percentage of clients reporting heroin as the substance of choice remained the same for clients from urban centers of over 100,000 and between 50,000 - 99,999. The majority of heroin users administered heroin through needles.

Heroin accounts for the greatest number of drug admissions to the Greater Boston treatment programs. During fiscal year 1988, about half of the clients (48%) reported heroin or other opiates as their substance of choice. This percentage represents a slight drop from fiscal year 1986 when 51% of the clients reported the use of heroin or other opiates as the primary drug problem. Of the intravenous drug users in the treatment system in FY88 and the first half of FY89 27% were women; 51% were between 30 and 39 years of age and the mean age was 31; 31% were black and Hispanic; 77% were not employed; 66% reported a yearly income of less than \$7500; 64% had no health insurance; 71% reported IV needle use more than once a day; 30% lived with spouses and/or children; and one out of 10 were homeless (See Appendix 1). The identification of heroin or other opiates as the primary drug problem at admission to treatment has remained stable over the last decade.

DAWN ER heroin mentions were up sharply during 1987. There were 571 mentions in 1987 compared to 312 in 1986 and 340 in 1985. During the first quarter of 1988, the number of heroin mentions (125) exceeded the mentions during the same time period for 1987 (90). There were 214 ER mentions of other opiates in 1987.

Access to treatment for heroin and other needle users continues to be an important priority due to the spread of the AIDS virus. A recent Department of Public Health analysis of the number of people on waiting lists for methadone treatment indicated that there is a strong demand for methadone services.

The Boston Police Department made a total of 1,320 Class A (heroin and other opiates) arrests from January to October, 1988. This was a 15 percent increase compared to the 1,143 arrests made during the 1987 comparable time period. The Boston Police Drug Control Unit made a total of 543 heroin arrests in 1987 compared to 366 arrests in 1986. The DEA reported 55 heroin arrests in Boston during fiscal year 1987 and seizures of 4.5 kilograms across the state. The DEA Special Domestic Monitor Program conducted an analysis of high purity heroin on the East Coast between March 16, 1988 and May 31, 1988. Of the 20 Boston exhibits, the purity ranged from 6.9 to 71.8%, with an average purity of 54.5%.

3. Marijuana

The percentage of treatment admissions reporting marijuana as the substance of choice or the primary drug problem has decreased over the last few years: from 16% in fiscal year 1986 to 10% during fiscal year 1988 and 2% during the first three quarters of FY89.

Of the clients who reported marijuana as their drug of choice during fiscal year 1988, 81% were male, 39% were minority, 22% had children, and 84% were below 30 years of age. These clients were younger, had fewer children, and were more likely to be males or white than clients reporting cocaine or heroin as their drug of choice. The percentage of clients admitted in the first three quarters of FY89 reporting marijuana as their primary drug of choice increased with the decrease of urban size. DAWN data indicate an increase in ER mentions. There were 165 ER mentions during 1987 compared to 73 in 1986 and 64 in 1985.

4. Other Drugs

Ninety-five percent of fiscal year 1988 treatment system admissions and twenty-seven percent of those discharged in the first three quarters of FY89 stated that cocaine, heroin, or marijuana was their substance of choice. This is one indication that the use of other substances such as stimulants, sedatives, and hallucinogens is not a significant problem compared to the top three drugs. Less than 3 percent of clients in the Greater Boston treatment system identified stimulants as the primary drug of abuse during fiscal year 1988. The DAWN data indicate a variable trend in ER mentions of stimulants over the last few years; there were 30 mentions in 1987, 14 in 1986, and 49 mentions in 1984.

The use of sedatives/hypnotics remains low and stable. During fiscal year 1988, only 1% of the clients in state-funded treatment cited sedatives/hypnotics (barbiturates, other sedatives, and tranquilizers) as their drug of choice. Abuse of prescription drugs continues. DAWN ER mentions decreased from 1,095 in 1984 to 879 in 1986, but increased to 1,119 in 1987.

Less than 1% of the clients in the Greater Boston treatment system reported hallucinogens as their drug of choice during fiscal year 1988, down from 3% in fiscal year 1985. DAWN ER mentions have been variable over the last several years, and most recently showed an increase. There were 111 mentions in 1987 compared to 39 in 1986 and 110 in 1984. Increased hallucinogen use among adolescents has been reported anecdotally.

C. IV Drug Users

Treatment for heroin and other needle users is a major priority, especially because they are at risk for HIV infection and AIDS. Treatment of IV drug users has increased in all modalities. Since FY'85 there has been an increase in the number of IVDUs entering treatment, with significant increase (54%) between FY87 and FY88 (Appendix 1). Based on admissions during the first half of FY89, an estimated 15,000 IVDUs will utilize publicly funded substance abuse services. Though the actual number of IV drug users in state is unknown and treatment for IVDUs has expanded, demand still exceeds treatment slots. The Division estimates that waiting lists for residential treatment ranges from 4 to 16 weeks depending on geographical location and type of treatment; methadone waiting lists are 2 to 3 weeks; and outpatient services about 3 to 4 weeks.

1. AIDS

As of May 1, 1989, there were 2,049 reported cases of AIDS among Massachusetts residents. Intravenous drug users account for approximately 17% of all Massachusetts cases of AIDS. AIDS has a disproportionate impact among people of color. The prevalence rates for Blacks (102.6 cases per 100,000) and Hispanics (84.5 cases per 100,000) are substantially higher than the prevalence for whites (13.4 cases per 100,000). Blacks represent 21% of the known AIDS cases and Hispanics account for 9%, even though minority groups represent less than 10% of the total population. Cases related to intravenous drug use are increasing more quickly than all other risk behaviors. March of 1989 was the first month that more new AIDS cases were reported among IV drug users than gay men.

2. Other Diseases

Alcohol and drug abuse contributes to the weakening of HIV impaired immune systems. The state's Tuberculosis Control Program has noted the increase of tuberculosis, especially extrapulmonary tuberculosis, among those who test positive for HIV infection, IVDUs being at the highest risk. From 1982-1988 the highest percentage of TB/AIDS cases were among IVDUs (27%). Hepatitis B is also common among IVDUs; 653 cases were reported during 1988. Test sites for sexually transmitted diseases are reporting an increase in these diseases, especially among youth.

D. Other Underserved Populations

The demographics of substance abusers is changing rapidly. In the past it was easier to distinguish the alcoholic from other drug

abusers. Now most substance abusers use both drugs and alcohol. Treatment programs report younger and younger substance abusers (the elderly are also at risk for substance abuse). The number of women seeking substance abuse treatment has also grown. The at risk population has grown and those at highest risk are often those who have the least access to treatment.

1. Youth

Surveys of adolescent drug and alcohol use suggest that the prevalence of alcohol use remains high (90% of high school students). There is evidence that drug use has declined among individuals in schools (Appendix 2). It is likely, however, that drug and alcohol use are increasing among adolescents who have left school prematurely, especially in older urban areas. Community prevention efforts with urban neighborhoods and housing projects are needed to address use among inner city adolescents more aggressively.

2. Communities of Color

The community of color in Massachusetts is expanding to include an ever growing number of immigrants and refugees. Unique cultural and linguistic needs may inhibit access to treatment. An estimated 50,000 Haitians, 50,000 - 100,000 Portuguese speaking people, 40,000 Chinese speaking people, and 46,580 Southeast Asians live in Massachusetts. Census data (1980) suggests that Blacks (4%) and Hispanics (3%) are small but growing segments of the state's population. Substantial gains have been made in services to Blacks and Hispanics. Training efforts will continue to help programs be equally responsible to immigrant and refugee groups.

3. Women

One in five (20%) admissions during FY88 were women. The majority of the women were white and between the ages of 20-29. Most of the women had graduated from high school, or had less than a high school degree. Half of the women (51%) had never been married and 58% had children although 32% were not living with their children. About one quarter (26%) were employed full-time, while 24% were unable to work. Three out of five women (60%) had some form of health insurance; 31% had public assistance and 29% had private insurance. Two-thirds (66%) of women reported alcohol use, and one quarter (26%) reported cocaine use in the past month.

In the first three quarters of FY89, 23% of the admissions were women. The highest percentages of female admissions were in methadone services, therapeutic communities, and sober houses. The program with the highest number of female admissions were non-DAE outpatient programs (Client Demographics Table II - 4).

Table I 2

Massachusetts Population Below 150% of Poverty Level
By Race and Region - 1980 Census Data

	Region						State Total
	Western	Central	North- east	Metro North	Metro South	South- east	
1980 Census	803,517	963,079	1,379,898	585,314	923,755	1,083,624	5,741,187
Total Below 150% of Poverty Level	154,699	140,994	201,683	137,780	160,411	193,625	989,192
% Below 150% of Poverty Level	19	15	15	24	17	18	17
% White	81	91	91	80	58	92	83
% Black	8	2	2	8	29	2	8
% Hispanic	11	6	7	8	10	3	7
% Other	1	1	1	4	3	3	2

4. The Homeless

An increasing number of homeless clients are entering the treatment system. Referrals are predominantly from shelters. For FY88, 11,793 homeless and 6,183 at-risk for homelessness were served (Appendix 3). Alcohol appears to be the primary substance among the homeless. They are less likely to be employed. Three out of four have no health insurance. There is an estimate of 600 women with children living in hotels; frequently drug abuse and alcoholism contributed to their loss of home or shelter.

5. The Elderly

The elderly population are at risk for not only alcohol abuse but also drug abuse, especially with prescription drugs. This population has diverse needs. Their age is often the greatest barrier to accessing treatment. Three percent of admissions were for clients over 59 years of age.

6. The Disabled

The disabled population has had difficulty accessing treatment services because of the lack of physically accessible treatment programs. Though more and more disabled clients are being admitted into services, accessibility still remains a barrier to services. Links between advocacy groups for the disabled and treatment providers need to be strengthened to increase access.

7. The Dual-diagnosed

Little is known about the dually-diagnosed men and women in the treatment system. This population has historically received fragmented care due to the vertical system of substance abuse and mental health services. The overlapping population of dual-diagnosed substance abuser requires closer cooperation and linkages with the mental health system. Andrew House Detox. provides emergency services for the dual-diagnosed but longer term residential programs are needed for client placements.

E. Other Health Indicators

Alcohol and drug use and abuse increase occupational and recreational injuries, contribute to sexually transmitted diseases, facilitate transmission of HIV infection, cause birth defects and reduce birth weight, and are associated with cancers, cirrhosis, hepatitis, cardiovascular disease and other illnesses. Reviewing data on health indicators enables the Division's to form a more complete understanding of the impact substance use and abuse is having on the residents of Massachusetts. Tables I 3 & 4 present indicators of

substance abuse by town. The following are state totals for various hospital diagnosis:

Alcohol	29,312
Cirrhosis	5,446
Hepatitis	2,906
Other Liver	1,485
Drug Use	10,813
Drug Suicide Attempt	2,886.

F. Violence and Crime

According to a Preliminary 1988 Crime Report by the Executive Office of Public Safety, Criminal History Systems Board, crime increased by 3.5% from 1987 to 1988. The national averages were 3%, 2% and 5%. The state laboratories have also had a heightened demand for urine analysis for court cases. The labs analyze an estimated 3,000 samples per month.

Massachusetts is also experiencing increased rates of drug-related violence. Violence in the inner city is common; Boston's Mattapan and Dorchester area experience an average of one death per night. Boston also has about a dozen major youth gangs.

G. State's Commitment

The State of Massachusetts is committed to treating substance abuse. The Department of Public Health's Division of Substance Abuse Services, provides comprehensive substance abuse prevention, intervention and treatment services. With the increase of both outreach activities and public awareness, more individuals are seeking treatment and communities are requesting increased services, yet fiscal conditions limit an expansion of treatment services. The Commonwealth remains committed to providing care to as many IV drug users as possible during FY90.

Table I 3
Indicators of Substance Use by Town

	Town					State Totals	Urban Mean ^c
	Boston	Worcester	Springfield	Brockton	Lowell		
<u>1980 Census</u>	562,994	161,799	152,319	95,172	92,418	5,741,187	
<u>Drug Rehab Treatment</u>							
Total Clients	2,242	413	874	175	287	12,391 ^a	412
Opiate	1,483	360	588	140	161	7,750 ^a	302
Alcohol	863	102	342	72	136	5,766 ^a	157
Cocaine	1,332	190	452	67	180	5,921 ^a	213
Marijuana	783	82	369	82	142	5,381 ^a	146
Other Drug	461	84	147	34	47	2,955 ^a	89
<u>Alcoholism Treatment</u>	15,808	3,824	4,910	1,795	1,633	88,209 ^a	2,533
<u>Hospital Diagnoses</u>							
Alcohol	4,403	1,852	232	563	361	29,312 ^b	714
Cirrhosis	521	150	55	103	106	5,446 ^b	103
Hepatitis	380	90	27	33	45	2,906 ^b	60
Other Liver	205	36	17	22	24	1,485 ^b	34
Drug use	1,523	618	133	208	209	10,813 ^b	261
Drug suicide attempt	310	73	42	89	55	2,886 ^b	60
<u>Substance Use Deaths</u>	419	111	72	58	53	1,974	65
<u>Traffic Fatalities</u>	7	7	6	4	4	212	2
<u>Liquor Outlets</u>	1,077	291	230	122	142	9,709	200
<u>Narcotics Anonymous</u>	34	7	3	5	1	159	5
<u>Alcoholics Anonymous</u>	180	29	55	25	18	1,628	32

^a Includes out of state, county correction, and state correction clients.

^b Includes out of state clients.

^c The mean of urban communities with a population greater than 50,000.

Table I 4
 Indicators of Substance Use
 Rates Per 100,000 Population by Town

	Town				
	Boston	Worcester	Springfield	Brockton	Lowell
<u>Drug Rehab Treatment</u>					
Total Clients	398	255	574	184	311
Opiate	263	222	386	147	174
Alcohol	153	63	225	76	147
Cocaine	237	117	297	70	195
Marijuana	139	51	242	86	154
Other Substances	82	52	97	36	51
<u>Alcoholism Treatment</u>	2,808	2,363	3,223	1,886	1,767
<u>Hospital Diagnoses</u>					
Alcohol	782	1,145	152	592	391
Cirrhosis	93	93	36	108	115
Hepatitis	67	56	18	35	49
Other liver disease	36	22	11	23	26
Drug use	271	382	87	219	226
Drug suicide attempt	55	45	28	94	60
<u>Substance Use Deaths</u>	74	69	47	61	57
<u>Fatal Traffic Accidents</u>	1	4	4	4	4
<u>Liquor Outlets</u>	191	180	151	128	154
<u>Narcotics Anonymous</u>	6	4	2	5	1
<u>Alcoholics Anonymous</u>	32	18	36	26	19

II. THE DIVISION OF SUBSTANCE ABUSE SERVICES RESPONSE TO FY89

The Division of Substance Abuse Services attempts to decrease substance abuse through a network of quality and accessible prevention, early intervention and treatment services. The Division has provided leadership and decisiveness in fighting substance abuse by establishing a comprehensive delivery system and by working with individuals, communities and other human service agencies. The Division has evolved through the years by responding to the needs of the changing population and environment.

A. History and Mission of the Division

The legislative mandate for alcoholism services began in 1950 when sections 4A and 4B were added to Chapter 111 of the Massachusetts General Laws. They authorized the Massachusetts Department of Public Health to establish programs in hospitals and clinic facilities for the diagnosis, treatment and rehabilitation of persons addicted to the use of alcoholic beverages. The Department established the Division of Alcoholism, which concentrated primarily on the establishment of outpatient clinics. Later in the decade, the Massachusetts Legislature established an independent agency, the Office of the Commissioner on Alcoholism (Chapter 715, Acts of 1956), to coordinate the work of all state agencies which dealt with alcoholism, to study treatment methods and to initiate educational and research programs. In 1959, the Legislature combined the Commissioner's power and duties with those of the Division of Alcoholism (Chapter 418, Acts of 1959) at which point the Division adopted a mandate to administer treatment and prevention services, as well as to carry out educational and research programs.

In 1971, a major comprehensive alcoholism law (Chapter 1076, Section 6A, Acts of 1971) was enacted. It is this law and its several amendments which now govern alcohol abuse and alcoholism programs in Massachusetts. This legislation: (1) abolished the crime of public intoxication, (2) provided for the establishment of detoxification and other facilities, (3) provided for the regulation and licensing of alcoholism treatment facilities (initially detoxification centers, later halfway houses and treatment units), (4) strengthened the powers of the Massachusetts Department of Public Health, Division of Alcoholism, as the primary agency directed to achieve a coordinated, comprehensive program for the treatment, rehabilitation and prevention of alcoholism, and 5) defined alcoholism as a medically diagnosable disease. As a result of this law, the Division's broad responsibilities have included coordination, treatment, prevention, research and consultation functions as they relate to alcohol use and abuse.

Other significant legislation that influenced the development of programs and policies by the Division of Alcoholism included the drunk driving law and the insurance benefit law. Passage of the drunk driving law (Chapter 647, Acts of 1974) established an alternative procedure for the disposition of cases involving persons

convicted of operating motor vehicles under the influence of intoxicating liquor. A first offender may voluntarily be assigned to a driver alcohol education program as an alternative to a prison sentence and, if deemed necessary, an alcohol treatment program. The Division of Alcoholism, in consultation with the Registrar of Motor Vehicles and the Secretary of Public Safety, is responsible for the establishment and administration of these programs.

The Safe Roads Act of 1987 is the most recent modification to Chapter 90 (MGL) and further strengthens the states differential sanctions for drunken driving offenders with prior Driving Under the Influence of Liquor (DUIL) convictions. The insurance legislation (Chapter 1221, Acts of 1973) provides benefit coverage for inpatient and outpatient alcoholism treatment by accredited or licensed hospital and public or private facilities providing services licensed by the Department of Public Health. Legislation has been filed to extend the mandated alcoholism treatment benefits to include drug abuse. These major legislative enactments formed the history of the Division of Alcoholism and have provided the base for a significant part of the structure of the current service delivery system.

The Division of Drug Rehabilitation was established in 1963, a decade after the Division of Alcoholism, by an act of the Massachusetts Legislature. Since that time, the Division has been alternately housed in both the Department of Mental Health and the Department of Public Health. On March 24, 1982, the Division was formally returned to the Department of Public Health after 12 years in the Department of Mental Health. The extensive legislative mandate to the Division, which was written into the original act in 1963, was retained in the legislation that transferred the Division to the Department of Public Health. (Chapter 704 of the Massachusetts General Laws). This legislation (1) placed the Division of Drug Rehabilitation in the Department of Public Health; (2) called for the staffing and development of the Division on a regional level; (3) established a seven member advisory board to oversee the Division's activities, and required approval of these activities by the Commissioner of Public Health; (4) required that the Division Director submit a statewide drug treatment plan for the Governor's approval, develop a facility directory, and establish a comprehensive prevention and treatment network including educational material dissemination, emergency treatment, inpatient and outpatient care, residential treatment, and penal drug treatment programming; and (5) placed responsibility on the Division for approving and licensing public and private drug treatment facilities under standards and requirements promulgated with the Commissioner's approval. The legislation further specified the process by which clients would be afforded treatment and the rights of court involved clients.

The current mission of the Division is to provide quality substance abuse services through the development of effective primary prevention, intervention and residential and ambulatory treatment services. The Division is committed to developing and maintaining the range of services that will best meet the varied needs of the residents of the Commonwealth.

In FY89, the Division funded a total of 319 contracts for residential and ambulatory services at a cost of approximately \$55 million. The modifications to the service delivery system, achieved through a system-wide request for proposals during FY87, improved provision of services during FY88 and FY89 and created a system equipped to meet the range of alcohol and drug service needs in Massachusetts. Combined licensing regulations for outpatient substance abuse treatment and detoxification programs were approved by the Public Health Council, the governing board of the Massachusetts Department of Public Health, in state FY88 and FY89. The Division has prepared guidelines for the approval of non-traditional ambulatory services and is currently working on the merger of licensing regulations for residential services.

B. Organization of the Division

1. Consolidation

Since 1982 when the Division of Drug Rehabilitation was returned to the Department of Public Health, the two Divisions cooperated on several jointly funded projects serving both drug and alcohol abusers. The rationale for this cooperation drew on the similarities between alcohol and drug addiction treatment interventions, the increasing number of poly-drug abusers and the efficiency of joint purchasing of services. The projects' success demonstrated the validity of this approach and provided impetus for further commitment.

The administrative merger of the two Divisions arose from ongoing efforts to establish a cohesive and comprehensive network of substance abuse services throughout Massachusetts. The first stages of the consolidation process were achieved during FY86 and involved the creation and implementation of an organizational plan which consolidated personnel of the Divisions into new functional units with each unit and staff person responsible for both drug and alcohol issues. Staff received training appropriate for their new job responsibilities and acquired knowledge regarding the mission and major functions of the consolidated Divisions.

Achievements during FY87 resulted in further consolidation. A Consolidation Committee drawn from members of the Governor's Advisory Councils on Alcoholism and Drug Rehabilitation, provider groups, and Division staff and co-chaired by the Directors of the Divisions, was charged with the review of major programmatic and policy issues evolving from the consolidation. Three priorities were defined: (1) the development of licensing regulations for substance abuse services (2) the revision of the Determination of Need formula to reflect current substance abuse needs; and (3) the development of day treatment regulations. The Determination of Need formula was revised and approved in June 1987. Licensing regulations for substance abuse outpatient and detoxification services were promulgated in FY88 and FY89. Guidelines for outpatient non-categorical services were put into effect in FY89.

The consolidation was also furthered during FY87 through development and dissemination of a system-wide request for proposals (RFP). The RFP had three goals: (1) development of an equitable plan for the use of federal block grant dollars; (2) establishment of a more comprehensive and cohesive network of merged drug and alcohol services; and (3) achievement of a more equitable distribution of state and federal dollars across the various regions of the state and within the sub-areas of the regions.

In FY88, proposals were evaluated and grants were awarded for all service types. The network of prevention, intervention, and treatment services that emerged reflects movement toward combined services for drug and alcohol problems. For example, alcohol and drug outpatient counseling have been combined into a single modality.

In FY89, the Division focused on the support of the merging delivery system. A major component of supporting the merging delivery system was in the provision of training to providers enabling them to deal with a polyaddicted population, especially to work with IV drug users and clients who are HIV positive or who have a diagnosis of AIDS.

To finalize the consolidation of the two Divisions, and to facilitate the merger of parallel service types and regulations, legislation has been drafted and filed with the legislature. The legislation proposes to combine chapters 111B and 111E of the Massachusetts General Laws to create a Division of Substance Abuse Services within the Department of Public Health. (Summary of Merger Legislation, Appendix 4).

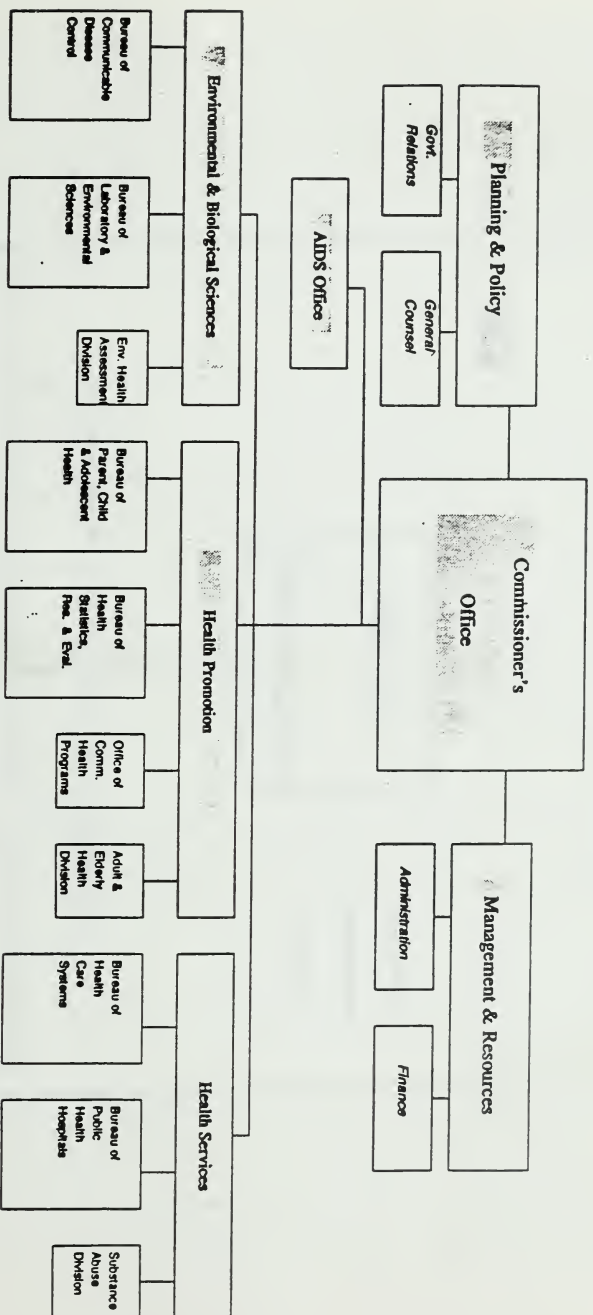
2. Organizational Structure

The Department of Public Health completed a major reorganization during FY88 (See Table II - 1). Many of the administrative and fiscal functions previously managed at the Division level were centralized. The Department's reorganization has enabled the Division of Substance Abuse Services to continue to reorganize and focus on programmatic responsibilities, including policy, planning, program development, program management, and monitoring and evaluation.

The Division has a director and three associate directors (See Table II - 2). Each assistant director manages one of the Division's three units: 1) program development, 2) program management, and 3) program evaluation. Because the Division has extensive programmatic responsibilities and limited personnel (See Appendix 4 - Table 1 Division Staff), the work of the three units is interrelated and collaborative. Staff assignments are flexible and individuals from different units frequently work on different facets of the same issue. The assistant directors often represent the Division during interdepartmental, interagency, and community policy discussions and meetings.

August, 1989

Massachusetts Department of Public Health



DIVISION OF SUBSTANCE ABUSE SERVICES

OFFICE OF THE DIRECTOR

Paul Ryan
6-23-88

DIRECTOR
DAVID MULLIGAN

PROBATION COORDINATOR
ALCOHOLISM COORDINATOR

ADJ. ASST. I

ASSISTANT DIRECTOR
FOR PROGRAM
DEVELOPMENT

ASSISTANT DIRECTOR
FOR PROGRAM
MANAGEMENT

ASSISTANT DIRECTOR
FOR PROGRAM
EVALUATION

ASSISTANT DIRECTOR
FOR PROGRAM
EVALUATION

Office of the Director. The Director and his office are responsible for the overall administration of the Division, goal setting and strategic and long-range planning. The Office coordinates the consolidation of alcoholism and drug abuse treatment services, heads the Commonwealth's initiatives to expand services to intravenous needle users, and is the liaison with community leaders. In consultation with the Commissioner of Public Health, the Assistant Commissioner for Health Services, and the Division's assistant directors, the director establishes Division priorities and implements plans for meeting service needs. The Office also coordinates AIDS policies and training for the substance abuse treatment system.

Program Development Unit. The Assistant Director for Program Development is responsible for program planning and development, performance standards and reimbursement strategies, management information systems, special projects, and the administrative and financial functions within the Division. The unit facilitates service development, coordinates personnel management for the Division, and integrates the Department's priorities into the delivery of substance abuse services. Current tasks include analysis of service delivery trends, development of programmatic and financial models for the delivery and implementation of substance abuse services, establishment of performance standards, the linkage of reimbursement policies to performance, the negotiation of joint purchase agreements with other state agencies, and the development of reimbursement strategies with other public and private payers. The Unit also collects and manages data for and prepares reports from the Division's management information system. The database includes information from over 300 contracts and more than 100,000 client admissions per year.

Program Management Unit. The Assistant Director for Program Management works with six regional managers to implement Division policies at the program and regional level, lead regional and local planning, and manage the operation of services. Each regional manager coordinates the delivery of substance abuse treatment services in one area of the state and is responsible for approximately \$8 million in purchase of service contracts. (The total number and size of contracts vary depending on the population and estimated need in each region.) The regional managers assess regional needs, prepare regional plans, and promote the expansion of methadone and other treatment services within the region.

Program Evaluation Unit. The Assistant Director for Program Evaluation and his unit license or approve public and private substance abuse treatment services, contribute to the review of determination of need applications, and conduct quality assurance reviews of Division providers. The unit also conducts and manages formal research and evaluation studies and prepares estimates of service needs. Program proposals are reviewed and training and interagency initiatives are coordinated in the

unit. The unit coordinates legislative affairs and manages provider and community task forces formed to guide policy and treatment strategies.

Prevention programs and services for high risk youth are developed, coordinated and assessed within the Evaluation Unit. Prevention programming is coordinated closely with the Governor's Alliance Against Drugs, the Department of Education, and the Executive Office of Public Safety.

C. The Service Delivery Network

The mission of the service delivery network is to provide a continuum of appropriate treatment options for individuals with the least resource options. Alcohol and drug treatment services and programs are tailored to meet the specific needs of different geographical areas and populations throughout the Commonwealth. Particular emphasis is given to the development of services designed to meet the distinct needs of IV drug users, substance abusers who are HIV positive or have a diagnosis of AIDS, ethnic and linguistic minorities, high-risk youth, women, incarcerated substance abusers, the elderly, the physically disabled and individuals with a "dual diagnosis" of mental illness and substance abuse. The Division is committed to providing and maintaining high quality substance abuse services through the development of effective primary prevention, intervention, residential, and ambulatory treatment services.

Treatment services are offered on an inpatient or outpatient basis, and within these two basic categories there are different treatment options. An integral part of all treatment services is outreach. Table 3 outlines the current treatment system. Unless otherwise noted, all programs are required to serve men and women 18 years of age and older from all racial and ethnic communities. Intravenous drug users are served in all programs.

Table II 3
OUTLINE OF MASSACHUSETTS'
DRUG ADDICTION AND ALCOHOLISM TREATMENT SERVICES

I. Residential Services

A. Emergency Care

1. Detoxification (20 centers; 499 beds)
supervised settings for safe withdrawal from
drugs and alcohol
2. Transitional Care (6 programs; 120 beds)
residential settings for clients who have
completed detoxification and are waiting for
admission to a longer-term residential program
3. Public Inebriate Programs (3 shelters; 100 beds)
short-term shelters for men and women who are
homeless and intoxicated

B. Rehabilitative Treatment

1. Short-Term Intensive Inpatient Treatment Programs
(STIIT) (4 programs; 80 beds)
intensive 14 to 28 day post-detoxification
rehabilitative services that include
comprehensive counseling and aftercare planning.
2. Recovery Homes (49 programs, 1162 beds)
intermediate length (3 to 6 months) residential
services that include comprehensive counseling
and aftercare planning.
3. Therapeutic Communities (16 programs; 323 beds)
longer-term (6 to 8 months) rehabilitation for
clients who require a more structured residential
setting.
4. Youth Residential Treatment Programs (7 programs; 148
beds)
short-term alcohol and drug treatment for male
and female adolescents aged 14 to 19 of all
ethnic groups.
5. 14-Day DUI Program (3 programs; 210 beds)
a structured educational and motivational
alternative to imprisonment for drunken driving
second offenders that prepare the client to
continue to engage in on-going alcoholism and
drug abuse treatment services.

6. Sober Houses or Long Term Drug and Alcohol Free Residential Programs (2 program; 47 beds)
supervised living in a drug and alcohol free environment.

II. Ambulatory Services

A. Counseling Services

1. Outpatient Counseling Programs (78 programs)
assessment, treatment planning, counseling, advocacy, aftercare and follow-up services for alcohol or drug addicted individuals and their families.
2. Methadone Services (12 programs)
individualized short and long-term rehabilitative and opiate substitution services for opiate addicted individuals.
3. Non-traditional Services (33 programs)
specialized services which meet the needs of specific populations (e.g. women, minorities, elderly and chronic substance abusers).
4. Criminal Justice Programs (10 programs)
substance abuse treatment services for prison inmates and their families to facilitate and support maintenance of a substance-free life-style and re-entry into the community.

B. Early Intervention Services

1. Driver Alcohol Education Programs (42 programs)
Driving Under the Influence First Offenders receive comprehensive assessment, educational group sessions, introduction to self help and referral for continued treatment.
2. Youth intervention programs (48 programs)
structured programs for boys and girls 10 to 18 years of age with alcohol and drug related problems.

C. Primary Prevention (8 centers)

Regional primary prevention centers assist communities and school systems with developing alcohol and drug abuse prevention programs including the prevention of I. V. drug use and spread of HIV infection.

III. Support Services

A. Training Services

provides statewide substance abuse training to providers and human service agencies. Provides a training program to increase the pool of qualified counselors, especially bilingual/bicultural counselors of which there is a shortage of in many minority communities.

B. Statewide Information and Referral Hotline #1-800-327-5050

comprehensive 24 hour public information and referral services provide information on alcohol and drug abuse prevention, intervention and treatment services within the Commonwealth.

C. Research and Evaluation

services that supplement the service system through information and data analysis, resource development, needs assessment, consultation technical assistance.

D. Response to the Needs of FY89

The Division of Substance Abuse Services set six major goals FY89. The Division's priorities were to serve at risk and underscored populations: IV drug users, clients with HIV infection and AIDS, men and women referred from prison, individuals with physical disabilities (e.g. blindness, hearing loss and mobility impairment), dual-diagnosed patients (mental health and substance abuse), blacks, Hispanics and other cultural and linguistic minorities, the homeless, youth and the elderly. A special emphasis was placed on serving women. In light of fiscal constraints, the Division has had to be creative in increasing access and services to these populations. The Division has had to support and strengthen the existing delivery system to enable it to respond to increased and diverse demand and has had to network with other human service agencies to coordinate and maximize resources.

Goals Established for FY89:

- Goal 1: Support the delivery and equitable distribution of substance abuse treatment and prevention services.
- Goal 2: Complete the consolidation process.
- Goal 3: Use interagency initiatives to foster collaboration between the Department and other EOHS agencies and improved services for special populations.
- Goal 4: Monitor minority utilization and implement the recommendations of the Minority Alcoholism and Drug Treatment Task Forces.
- Goal 5: Serve drug users who use intravenous needles to inject drugs.
- Goal 6: Further the development of prevention and intervention services.

The Division's response to serving the at risk or hard to reach populations integrates the goals listed above. The following is a description of the initiatives undertaken in response to the needs of FY89.

1. Intravenous Drug Users

IV drug users are at highest risk for HIV infection and for spreading infection (Data on IVDUs - Appendix 1). Reaching out and serving this population has required the Division to 1) increase access to current services, 2) expand existing resources, 3) develop new services, and 4) train and provide technical assistance to support services. The Division has increased access by increasing

specific treatment services and requiring all treatment programs to serve IV drug users. Regulations were modified so that a single license permits the treatment of both alcoholics and drug addicts; previously separate licenses were required. Detoxification (12%), residential (18%), and outpatient (7%) programs were, for the first time, able to admit substantial number of intravenous drug users. Another significant change was the revision of Medicaid reimbursement for methadone services and drug detoxification in free-standing treatment programs.

Several approaches have been undertaken to expand treatment services to IV drug users. State and federal funding has been allocated for methadone services, residential detoxification, and therapeutic communities/recovery homes. The expansion balances methadone with drug-free services, traditional with innovative efforts, and emphasizes services to black and Hispanic communities.

- o require all publicly funded programs and licensed detoxes and outpatient services to provide AIDS education to all clients. The implementation of this provision is monitored through RFP, quality assurance and licensing reviews.
- o three detoxes in the Boston area and Southeastern Region added ten beds each to serve drug abusers. A traditional alcoholism detoxification facility in the Central Region was funded to expand services to drug abusers.
- o a youth residential service in the Southeastern region increased its services to IV drug using youth by adding ten beds.
- o \$2.8 million dollars were added to the system during FY89 specifically to develop services for the treatment of IV drug users.
- o expanded of methadone services including mobile sites and methadone van services. The methadone van service is the first of its kind in the USA. The van services cover the Southeastern and Boston area. Plans are being made to cover other regions. The Central Region has expanded methadone services through mobile sites or satellites bringing the waiting list time down from several months to an administrative processing time of only three days.
- o collaborated with the Department's AIDS Program staff to request proposals and fund eight regional HIV education, counseling and testing teams which included culturally and ethnically appropriate providers.
- o funded HIV counseling and testing sites such as Project TRUST, a drop-in program at Boston City Hospital (BCH) for IV drug users and their sexual partners.
- o funded street and community outreach in Boston, Springfield, Gloucester, Lawrence and the Salem Jail.

- o funded an "in-reach" program at BCH that provides AIDS education, risk assessment and referral to IV drug users receiving inpatient care.
- o funded and implemented the Mobile AIDS Resource Team which provides advocacy and support for substance abuse clients with AIDS who are in the treatment system.
- o funded an AIDS education training program for Hispanic substance abuse counselors.
- o submitted a proposal to the CDC for AIDS coordinators in county jail facilities and the Addictions Treatment Center at Bridgewater Correctional Institute.
- o with the Department's AIDS Program, sponsored more than 10 regional workshops since February 1987 using NIDA's AIDS & IV Drug User counselor training curriculum. More than 300 counselors, nurses, and other staff have completed this 2 1/2 day training program.
- o sponsored the following conferences or workshops: "Methadone Treatment in the 90's: One of the Services for Counseling and Managing the IV Drug User", "Tuberculosis and & HIV Infection", workshop on sexually transmitted diseases, and four regional training sessions of Department of Public Welfare's homeless shelter providers.
- o participated in the planning of the New England Governors' Conference on AIDS in Conn. and presented and participated at the New England Pediatric /AIDS Conference in New Hampshire.
- o additional funding of regional primary prevention centers to expand their libraries and media centers to include AIDS-related materials and resources for youth and adults.

2. Serving Communities of Color

The Division is committed to ensuring access to publicly-funded services for communities of color. To ensure and expand access to services to communities of color, the Division established the Minority Alcoholism and Drug Treatment Task Forces. The task forces have combined their efforts to assess treatment needs among people of color, monitor utilization of services by people of color, and recommend procedures to maintain and increase the number of people of color admitted to treatment services. The task forces concentrated efforts on treatment needs among black and Hispanics because these are the largest and most widespread communities of color in Massachusetts. Regional efforts include other culturally and linguistically distinct ethnic groups (e.g. Portuguese, Chinese, Southeast Asians, Haitians).

Need estimates, are based on the assumptions that rates of alcoholism are similar among blacks and whites (IV needle drug use appears to be somewhat more prevalent among blacks and Hispanics), and that most clients in publicly-funded treatment programs have an annual income below 150% of the federally defined poverty level. The distribution of adults from various racial and ethnic groups with an annual income below 150% of poverty was used to estimate the proportion of minority and non-minority clients expected to enter publicly-funded alcohol and drug treatment programs.

- o the Task Force continued monitoring utilization of treatment services on the basis of regional need estimates.
- o generated a report on the utilization of services by people of color by reviewing MIS data from FY84 and FY88. Overall, the report showed that admissions for blacks exceeded estimated needs for almost all modalities (except methadone in FY86 and FY87); all alcohol treatment modalities were underutilized by Hispanics, although a steady increase in utilization was evident, particularly in halfway houses. (Report in Appendix 5)
- o increased access to services for both the Hispanic and the Portuguese communities by strengthening cooperation among providers who serve these communities in the Southeastern region. In the Northeastern region access to Hispanics and Southeast Asians was increased through the coordination of services with agencies that serve these communities.
- o formed a committee to assess the service needs of the Portuguese community.
- o funded a Hispanic agency in the Northeast region to provide counseling and testing services to the Hispanic community.
- o funded a Hispanic agency in the Boston area to provide training on AIDS education to Hispanic counselors.
- o requested proposals for the training of Hispanic men and women to become qualified substance abuse counselors.
- o funded the development of prevention education materials by prevention centers for the Hispanic and Portuguese community.
- o identified innovative models of services to reach out to substance abusers, especially needle users in communities of color. The funding of acupuncture detoxification is a new modality that is being explored.
- o co-sponsored the Massachusetts Black Alcoholism Council's annual conference.
- o sponsored 40 substance abuse counselors to attend the Black Alcoholism Institute.

- o provided 110 scholarships to the New England School of Addiction Studies to counselors or human service workers including bilingual/bicultural human service workers serving Southeast Asians and Haitians.
- o appointed a representative of the Southeast Asian community to the Governor's Advisory Council to the Division.
- o assisted the Department's Office of Refugee Health in coordinating substance abuse services to Southeast Asian clients.
- o funded interpreter services for substance abusing clients who cannot speak English.
- o participated on the Ad Hoc Committee on Cultural and Linguistically Relevant Health Education.
- o co-sponsored a Multi-cultural Prevention Conference with the Atlantic Union College and the Office of Substance Abuse Prevention.
- o sent out mailings to providers about and participated in conferences on Mass. ethnic minorities: "Alternative Approaches to Health Education in the Haitian Community", Workshop on Southeast Asians in America, and "Health Education and Outreach in the Latino Community".
- o require all RFP applicants to demonstrate their ability to meet the needs of cultural and linguistic minorities in the communities they intend to serve.

3. Youth

Services to youth are a major component of the Division's services. The Division recognizes the need to identify youth at risk for substance abuse. The Division also recognizes the connection of substance abuse, sex (increasing the risk of HIV infection) and violence. The Division has developed a system of prevention, intervention and treatment services to address the needs of at risk youth. The Division also works closely with the Governor's Alliance Against Drugs and other agencies that work with youth, the Department of Social Services and the Department of Youth Services. The regional managers also work closely with communities to address the growing need for action against the spread of substance abuse and substance abuse related problems.

- o supported youth oriented substance abuse programs for early intervention and high risk youth.
- o maintained regional network of youth oriented substance abuse services including prevention, intervention and treatment programs.

- o sponsored the training of youth intervention program staff to increase skill level in counseling and educating high risk youth about AIDS.
- o sponsored the training of Department of Youth Services and Department of Social Service's social service staff to identify, support and refer youth with alcohol and drug related problems.
- o collaborated with the Department's Health Promotion Branch and other Divisions from the Bureau of Community Services on youth initiatives through participation on the Department's Adolescent Task Force.
- o developed the Summer Youth Initiative in collaboration with the Governor's Alliance Against Drugs, Executive Office of Community Development and the Executive Office of Public Safety.
- o sponsored the Statewide Conference for Youth Intervention Programs.
- o maintained the Young Women's Health Education Project in collaboration with the Women's Health Unit of the Health Promotion Branch.
- o planned and administrated the third year of a seven year longitudinal study of 1200 youth in Massachusetts.

4. Women

The Division goal has to been to maintain past services and to expand service delivery to women. We believe that women can be effectively served in a system which includes a continuum of care from prevention and early intervention services to emergency and rehabilitative treatment services. The development of new or expanded services to women is based on the advice and experience of those operating women's services. These providers are in the best position to point out unmet needs within their respective communities. The Governor's Advisory Council on Substance Abuse, the Women's Task Force, the provider association, and health and human service agencies also participate in the decision making process.

- o at least 10% of the total Block Grant funds and 17% of the Alcoholism and Drug Abuse portions for services to women and their children (Refer to Appendix 10 Federal Set-Asides).
- o opened the 15 bed long term program for chronic substance abusing women located on the grounds of Tewksbury Hospital
- o funded a 20 bed residential program for Latinas.
- o funded the 20 bed short term program for women committed under Chapter 123, Section 35 in the Southeastern region. Program will open in July of 1989.

- o Assisted Houston House, a correctional facility for pregnant inmates, in accessing the methadone treatment through the mobile methadone services.
- o facilitated the second annual Women's Alcohol and Drug Awareness Week in November of 1988 through the efforts of the Women's Substance Abuse Task Force. There were over 40 statewide events to educate communities on substance abuse and women.
- o the Task Force initiated a public awareness campaign throughout the week consisting of radio public service announcements, interviews in local and Boston print and television media, and distribution of promotional material.
- o the Task Force organized a conference in the middle of the awareness week entitled "Women and Substance Abuse: Understanding the Myths and Realities" which was attended by over 260 professionals representing a wide range of health and human service organization. At least 150 registrations had to be returned due to lack of space.
- o the Task Force is working on a document that will summarize the status of women services in Massachusetts which will be completed before the end of the fiscal year. The Task Force is working with the New England Chapter of the National Association for Perinatal Addictions Research and Education (NE/NAPARE) to organize a two day conference addressing the issues of substance abuse, women, pregnant women and their children. Task Force members worked with NE/NAPARE to put on a networking conference in March. The Task Force is organizing another annual Awareness Week focusing on enhancing ties between substance abuse treatment services for women and community health and mental centers.
- o established relationships with other Department programs (Early Intervention, Perinatal Health, AIDS, Nutrition Services/WIC, Primary Care, and the Women's Health Division) to coordinate resources and information on services to women and their children.
- o facilitated regional efforts and training programs to address issues of substance abuse and pregnancy and other issues related to women, such as the conference on "Substance Abuse in Pregnancy" which was co-sponsored by the Division, AdCare Training Institute, and the North County Healthy Start Coalition in Central Region.
- o provided technical assistance to the applicants applying for federal funds to enhance women's treatment serves that serve pregnant addicts and their new infants.
- o increased access to women in prison through two Central Region women's residential programs, Faith House and Linda Fay Griffin House, which entered into a contractual

agreement with the Department of Corrections to offer pre-release residential services to women with drug dependency histories.

- o worked closely with the Department of Social Services to train their staff in the identification, referral and support of substance abusing clients.

5. The Homeless

Substance abusers who have been detoxified five or more times in a year period comprise about 10% of the population in the treatment system and use 40% of publicly funded detoxification services. For many the system offer temporary solutions to immediate problems - a safe withdrawal in a sheltered environment. This chronic population consumes a disproportionate share of the resources. Along with this population are those living in shelters who may and may not be ready for treatment. Shelters are seeing an increased number of substance abusers.

- o organized and presented a total of eight training workshops for individuals who work with the homeless population. Served approximately 550 people educating them in substance abuse and HIV infection.
- o created a Department of Public Health working committee on the homeless which coordinates activities within the Department. Staffed by the Division.
- o planned a housing conference on alcohol and drug free housing bringing together national and local leaders to share their expertise with treatment programs, local housing authorities, non-profit development agencies, etc...
- o held a one day Department of Public Health conference in collaboration with the Mass. Shelter Providers' Association to outline needs among the homeless and explain the Department's role and resources.
- o completed the development of 102 subsidized units of SRO housing in six locations across the Commonwealth serving recovering alcoholics. Each house has a live-in manager and a half-time person providing case management services.
- o established the federally funded revolving fund to make loans for rentals for housing recovering individuals.
- o submitted an application for the continued federal funding of the stabilization project that provides services to homeless substance abusers.

6. The Elderly

Lack of awareness of issues related to aging, long term care concerns, the perceived and actual medical needs of elders,

misdiagnosis of substance abuse problems among elders, and problems related to medication misuse are Division concerns. The economic, physical, and social changes that older people experience can put many them at risk for substance abuse problems.

- o worked closely with agencies that provide services to the elderly, such as the Department of Elder Affairs, to increase awareness and coordinate resources to serve the elderly substance abuser.
- o co-sponsored a statewide conference on preventing and responding to alcohol and other drug problems among the elderly, "Aging With Dignity" in the fall of 1988.

7. The Disabled

The Division recognizes the distinct needs of the disabled substance abuser. Accessing substance abuse services is often difficult for the lack of resources needed to work with this type of client. Residential facilities are also old and therefore may not be accessible to a wheelchair using client. The lack of experience among substance abuse providers may create perceived needs that the provider feels their service cannot meet.

- o increased the systems ability to serve the disabled client by coordinating services such as interpreter services for the deaf.
- o worked with agencies that serve the disabled, such as the Center for Independent Living, to pool and coordinate resources.
- o sponsored training workshops for substance abuse providers to provide them with strategies to serve the disabled clients.
- o surveyed facilities' capacity to serve disabled clients to assist in the appropriate placement of disabled clients.
- o required all programs through regulations to serve the disabled either at the site or at an alternative site.
- o continued working with the Interagency Working Group on Substance Abuse and Disabilities; representatives are from the Commission of the Blind, Massachusetts Rehabilitation Commission, and the Commission of the Deaf and Hearing Impaired.
- o assessed client data to monitor the delivery of services to the disabled (Appendix 6).
- o support statewide and regional efforts to enhance relationships between agencies serving the disabled and substance abuse providers to increase access to the disabled.

8. The Dual-Diagnosed

This population often falls through the cracks of the system or ends up being bounced from the mental health system to the substance abuse system. Lack of coordinated services and understanding of the population's needs often act as a barrier to treatment. These clients are among the most difficult to serve. They have significant problems of mental illness or mental retardation in addition to a substance abuse problem.

- o continued working with the Department of Mental Health (DMH) in establishing services for the dual-diagnosed client.
- o continued supporting a detoxification and a residential treatment for the dual-diagnosed along with the Department of Mental Health.
- o evaluated the residential dual-diagnosed program and presented findings to the Governor's Advisory Council on Substance Abuse.
- o formed a committee to address dual-diagnosis by identifying strategies to better serve the Northeastern region population.
- o co-sponsored workshops on dual-diagnosis and substance abuse with the Department of Mental Health for substance abuse and mental health providers in the Northeastern Region.
- o held workshops for substance abuse and mental health clinicians at the site of a detox. and state mental hospital to increase the coordination of resources. Patients in the mental hospital were assessed for a substance abuse problem.

9. The Gay and Lesbian Community

Traditional services have generally not met the needs of the gay and lesbian population. Their social lifestyle, often centered around bars and drinking establishments, and the stigmatization they may face can put them at risk for substance abuse and at risk for HIV infection.

- o continued working with the Governor's Advisory Council's Gay and Lesbian Task Force to examine service gaps for gay and lesbian substance abusers.
- o funded an outpatient service that provides substance abuse counseling to gay men and lesbians.

- o co-sponsored the second annual conference on substance abuse among the gay and lesbian population, "Special Issues for Substance Abuse Treatment Professionals: Gay Men and Lesbians Affected by Substance Abuse".
- o continued working with agencies that have established expertise in fighting the transmission of AIDS using their experience to develop strategies to decrease transmission in the gay and non-gay community.

10. Furthering the Development Prevention and Intervention Services

Prevention and intervention are integral components of the substance abuse delivery system. Strategies for the prevention of substance abuse continue to be developed and implemented. These strategies are targeted to all populations, but especially to at risk populations including youth, IV drug users, communities of color, women, the disabled, the elder, and the gay men and lesbians. Early intervention can also assist in the prevention of addiction by interceding in the early stages of substance use among at risk populations. The Division supports 8 regional primary prevention centers and 90 early intervention services.

- o collaborated with the Department of Education and the Governor's Alliance Against Drugs to implement the Prevention Education and Governor's portions of the Federal Drug-Free Schools and Communities Act of 1986.
- o implemented for the third year the statewide plan by regional prevention centers to assist school systems in developing comprehensive substance abuse prevention programs.
- o developed the Massachusetts Statewide Peer Leadership Network: co-sponsoring of statewide Peer Institute, Regional Youth conferences and statewide Peer Advisors Conference with the Regional Prevention Centers and Governor's Alliance; development of Governor's Peer Leadership Council with the Governor's Alliance and Department of Education; development of Regional Peer Leader and Peer Advisor's Networks by the Regional Prevention Centers.
- o participated with the Department of Education and Department of Public Health's AIDS Program in AIDS Education Training Programs.
- o implemented program models to incorporate AIDS education in alcohol and drug prevention education and training programs.
- o completed the initial development of alcohol and drug related violence prevention initiative in collaboration with the Department's Office of Violence Prevention.

- o developed a training program for Regional Prevention Center staff.
- o developed prevention education materials for Latino and Portuguese communities.
- o coordinated the State Parent Team to participate in Regional Parent Conference sponsored by the Office of Substance Abuse Prevention.
- o sponsored the School Based Early Intervention Program Conference with the Department of Education, Governor's Alliance and Mediplex Inc.
- o co-sponsored the Multi-cultural Prevention Conference with Atlantic Union College and the Office of Substance Abuse Prevention.
- o participated in the Statewide Parents Conference sponsored by the Governor's Alliance Against Drugs.
- o co-sponsored the Department of Education's Comprehensive Health Education and Services Conference with other Department of Public Health agencies.
- o co-sponsored the Department of Public Health's, Office of Non-smoking Policy and Smoking Prevention Conference.
- o developed partnerships with grassroots community groups for implementation of the Community Youth Activities Block Grant activities.
- o collaborated with grassroots community groups in grant application to the Office of Substance Abuse Prevention for the development of prevention programs in housing projects and neighborhood sites.
- o worked with the Department of Public Health's Health Promotion Branch on prevention programming.

11. Coordinating Services with Other Human Service Agencies

The Division has been working with many agencies to fight substance abuse by coordinating services, and sharing information and resources. Many of the agencies that the Division has been working with and continues to work with have been listed above - the Governor's Alliance Against Drugs, the Department of Education, Corrections, Social Services, Youth Services, Mental Health, Mental Retardation and Elder Affairs, Massachusetts Rehabilitation Commission, and many community based agencies not listed above. Substance abuse has permeated to all levels of society and will require the pooling of resources to reduce or eliminate the problems.

- o worked with the Department of Correction, the Parole Board and the Office of Probation to provide substance abuse training to its staff.
- o continued working with the Executive Office of Communities & Development on housing and community development issues.
- o member of the Governor's Anti-Crime Council and members of other human service agencies sit on the Governor's Advisory Council on Substance Abuse.
- o presented at many interagency committee meetings and conferences: the Commonwealth of Massachusetts, Special Commission on Violence Against Children; Volunteers of America 93rd annual meeting; the Annual American Public Health Association; the New England Pediatric AIDS conference in New Hampshire; "A Special Symposium on Integrating Primary Health Care, Alcohol and Other Drug Abuse and Mental Health Services for the Homeless" held in Arizona co-sponsored by NIAAA, NIMH, the Bureau of Health Care Delivery and Assistance and the National Association of Community Health Centers.
- o facilitate regional level collaboration. For example in the Western Region the regional manager presented at an EOHS sponsored training on School Based Youth Intervention Efforts; co-sponsored a training program for substance abuse providers with the Mass. Rehabilitations Commission, the Commission for the Blind and the Commission for the Deaf and Hard of Hearing; participated in interagency planning with the regional office of the Department of Social Service (DSS) and conducted an in-service training for DSS staff; conducted in-service training for the regional office of the Department of Mental Health; and worked closely with communities and community groups, including parents and law enforcement to coordinate community initiatives. Similar activities are taking place in other regions including working with the southeastern region Department of Youth Services to provide education and intervention to their clients; and working with the southeaster area MCI facility to provide more counseling to incarcerated substance abusers.
- o submitted a proposal for federal funds to work with tenant associations in five urban centers for the coordination of community prevention and intervention activities.

12. Supporting the Current Delivery System

The Division's primary goal is to ensure that substance abuse services including primary prevention, residential and ambulatory treatment, crisis intervention and information and referrals are available to Massachusetts residents. The Division recognizes that, in order to meet the needs of the diverse population of substance

abusers in the Commonwealth, the delivery system must be maintained and supported. The delivery system consists of the central level staff that provide the administrative and financial support to the delivery system and the publicly funded substance abuse providers that make up the delivery system. These two systems work together and complement each other to provide a quality and comprehensive substance abuse service network.

- o completed the consolidation of merging the Divisions of Alcoholism and Drug Rehabilitation to form a single state authority, the Division of Substance Abuse Services.
- o developed an organization chart reflective of the new internal structure.
- o developed new personnel policies consistent with the new organizational chart.
- o facilitated unit and office wide meetings to share and exchange information.
- o funded a training center that would assist the Division in providing appropriate and relevant training to providers and other human service staff working with substance abusers (Appendix 8).
- o organized a tour of substance abuse facilities for Department of Public Health and the Executive Office of Human Services staff to expand understanding of the delivery system.
- o developed non-categorical guidelines for the approval of non-traditional yet unique substance abuse services.
- o licensed over 100 public and private programs and monitored about 300 publicly funded programs.
- o continued reviewing consolidation of the residential regulations, already having consolidated the detoxification and outpatient regulations.
- o requested proposals for and funded a research and evaluation service to provide pertinent information on the delivery of services.
- o collected and analyzed MIS data for over 100,000 admissions providing pertinent reports on the delivery of services. Reports summarizing data include topics on minority utilization, utilization by women and IV drug users, characteristics of the clients in treatment, evaluation of distinct treatment modalities, i.e. the DAE program and the dual-diagnosis residential service, and substance abuse trends in Massachusetts.

- o facilitated a feedback process with providers and clients through five regional public hearings on the use of Block Grant funds, a networking conference for provider and Division staff, and an all day meeting between clients and staff. The Division also works closely with the providers association, the Alcohol and Drug Abuse Association.
- o surveyed the delivery system regarding the use of a computerized MIS client and billing system. This system will enhance data collection and the paying of bills in a very timely manner.
- o worked with the Department of Public Welfare to extend entitlement for the delivery of detox. and methadone services to IV drug users. This has expanded funds for treatment services to IV drug users.
- o coordinated the communication of federal grant information and provided technical assistance to providers interested in applying for such funds.
- o the Division funded statewide Information and Referral Hotline addressed approximately 30,000 calls in the state FY89.
- o completed and distributed a comprehensive directory that lists public and private prevention, intervention and treatment services along with self help and other resources. The directory will be distributed widely to EOHS and other human service agencies.

E. Who the Division Served in FY89

By the third quarter of the state fiscal year (7/1/88 to 3/31/89) the Division admitted 74,268 clients (Table II 4). Of these admissions, 77.1% were men and 22.9% were women. Approximately 78% were white, 12% black, 6% Hispanic, 2% Portuguese, and 2% of other ethnicity. A total of 9,596 of admissions reported needle use in the past month; 73% of admissions reported use of alcohol in the past month; 24.4% cocaine and 14.6% heroin. The average age was 32.8 years; 78% were under 39 years of age; 5% were under 19 and 3% were over 59 years of age. The average years of education was 11.6 years. Over half the admissions (55.2%) had never been married nor are employed (58.4%). Around fifty percent have children; 15% live with their children and 35% do not live with their children. The median income was \$7,201; 82% had incomes less than \$20,000, and 59% had incomes less than \$10,000. More than half of the admissions (52%) had no insurance.

The highest proportions of referrals came from "self" (31.7%) and the criminal justice system (31.2%). The highest number of admissions were in the Southeastern Region (18,361) and the lowest from Metro South (9,016). The highest proportion of admissions were in detoxes

(32%) followed by outpatient non-DAE services (23%) and then DAE services (18%).

1. RESIDENTIAL SERVICES

a) Emergency Services

Emergency services include drug and alcohol medical detoxification as well as a non-medical social detoxification model. They also include Transitional Care Facilities. Drug detoxification sees the highest proportion of women and people of color. Alcohol detoxification sees the highest average age of clients. Less than 13% of all emergency clients are married, and almost 2/3 of all drug detox clients never married. Non-medical detox shows the highest average education level; drug detox, the lowest. Drug detox also contains the highest level of unemployment, with the level reaching 83.8% among these clients. Proportionally more clients in transitional care facilities and in non-medical detoxification have a greater number of years of education while alcohol and drug detoxification clients have a higher proportion of clients with less than 12 years of school. The drugs most frequently used are alcohol, cocaine and marijuana. Over half of the patients involved in drug detox use heroin and needles intravenously.

b) Rehabilitative Treatment

Rehabilitative treatment includes the residential treatment of therapeutic communities, sober houses, halfway houses, youth residential programs, and the second offender Driving Under the Influence of Liquor Programs. Therapeutic communities see the highest proportion of women and people of color, while the 14 day driving under the influence of liquor program sees a very small proportion of these sectors. Over 90% of those seen by these programs are white males, with high levels of education, and over 2/3 are employed. Most facilities serve clients of average age between 27 and 31, however youth facilities serve clients almost entirely under the age of 19, and the average age in the sober houses is over 50 years of age. Over half of the clients in residential houses have never been married and the average education is between 11 and 12 years of schooling. Alcohol, cocaine, and marijuana are the most frequently used drugs. One third of those in therapeutic communities use heroine intravenously, and among the youth residences hallucinogen use is higher than among other groups.

AMBULATORY SERVICE

a) Counseling Services

Counseling services include outpatient drug free counseling, methadone services, non-traditional services, criminal justice programming and vocation/education programs. The methadone programs and the education/vocational programs see the highest percentages of women. Almost 80% of those involved in education/vocational programs are women. Methadone as well as outpatient programs see primarily

white clients, while vocation/education and the criminal justice programs are the most racially mixed as well as the youngest. Non-traditional programs and methadone programs see the oldest clients. One third of all outpatients are married, and the vocation/education program serves a majority of clients whom never married. Outpatient and methadone patients show the lowest levels of unemployment, with outpatient unemployment being under 50%. More married and divorced clients are seen in methadone and non-traditional programs. Non-traditional has the highest level of education. Over 93% of methadone clients are heroine users and almost 85% use needles intravenously. Alcohol, cocaine, and marijuana are also frequently used.

b) Early Intervention

Early intervention services include Driver Alcohol Education, and youth intervention services. DAE clients are primarily white, male, average age of 31 years, have never been married, and are mostly employed. Youth intervention clients have more racial and sexual diversity; over 1/3 are female, and 1/5 are people of color. Most youth intervention clients are under 19 years old and have not graduated from high school. Both Driver Alcohol Education and youth intervention clients primarily use alcohol. Although youth also use marijuana, cocaine and hallucinogens.

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COMMONWEALTH OF MASSACHUSETTS

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PERIOD 07/01/88 TO 03/31/89

SUBSTANCE ABUSE SERVICES

RUN ON 05/11/89

PRIMARY CLIENTS

MODALITY	TOTAL PROGS	TOTAL ADMIT	AVG AGE	FEML %	MALE %	* %MT	* %BLK	* %ISP	* %OTH	MARRIAGE %MR	MARRIAGE %MR	MARRIAGE %OTH	AVG YRS EDUC	% EMPLOYMENT FULL PART UNEMP
DETOX-ALCOHOL	19	20,065	36.7	16.0	84.0	81.5	12.3	4.2	2.1	47.4	12.7	39.8	11.6	21.6 5.2 73.2
DETOX-DRUG	10	2,416	29.5	33.4	66.6	66.3	21.8	8.8	3.1	62.5	12.1	25.4	11.4	13.9 2.3 83.8
DETOX-NON-MEDICAL	1	354	31.2	25.1	74.9	87.9	9.0	0.0	3.1	54.0	13.0	33.1	12.2	23.7 7.1 69.2
TRANS CARE FACIL	4	1,167	32.7	18.1	81.9	59.5	33.4	4.7	2.4	62.7	5.1	32.2	11.5	6.6 1.3 92.1
RECOVERY HOME	49	3,258	32.3	19.8	80.2	75.0	15.9	6.1	3.0	59.3	7.9	32.8	11.7	5.9 1.2 92.9
THERAPEUTIC COMM	15	772	27.7	39.1	60.9	61.4	26.3	10.2	2.1	70.3	8.4	21.2	11.4	7.3 1.8 90.9
YOUTH RESIDENTIAL	7	315	16.2	28.3	71.7	84.8	6.0	6.0	3.2	93.0	0.0	7.0	8.9	3.5 3.8 92.4
STILT	3	771	30.1	37.5	62.5	80.4	16.1	1.9	1.6	55.5	16.9	27.6	11.8	24.9 3.1 72.0
SOBER HOUSE	2	46	50.5	39.1	60.9	95.7	2.2	2.2	0.0	28.3	6.5	65.2	11.6	0.0 0.0 100.0
DUI	3	2,996	31.8	9.1	90.9	90.3	2.6	2.9	4.2	55.8	20.5	23.7	12.0	72.7 4.0 23.3
LONG TERM CARE	1	4,744	38.2	0.0	100.0	66.8	19.2	9.1	4.9	61.4	7.8	30.9	10.8	16.1 2.8 81.1
COUNSELLING-NON OAE	77	16,734	30.6	32.7	67.3	74.9	13.6	8.3	3.1	57.3	18.3	24.4	11.5	39.6 8.7 51.6
COUNSELLING-COLLATERAL		2,115	30.3	76.6	23.4	85.9	4.2	6.0	4.0	45.4	33.6	21.0	11.0	35.8 15.7 48.5
COUNSELLING/OAE		12,606	31.2	15.3	84.7	89.6	2.9	3.6	3.9	56.8	22.3	21.0	12.4	74.9 6.6 18.4
CRIMINAL JUSTICE	10	782	29.1	29.2	70.8	56.4	25.1	14.7	3.8	60.2	15.5	24.3	11.1	20.7 1.9 77.4
HEALTHCARE	11	2,263	32.3	39.2	60.8	66.1	13.6	11.8	8.5	49.0	19.7	31.2	11.3	22.5 5.7 71.8
NON-TRADITIONAL	26	1,099	33.1	19.4	80.6	74.1	9.7	11.6	4.5	58.7	12.4	28.9	11.6	22.7 3.4 73.9
YOUTH INTERVENTION	46	937	15.4	38.6	61.4	79.4	7.4	10.0	3.2	99.5	0.4	0.1	9.0	5.9 23.7 70.4
VOCATION/EDUCATION	4	68	27.2	79.4	20.6	58.8	36.8	2.9	1.5	70.6	10.3	19.1	11.5	16.2 11.8 72.1
GAMBLING	3	60	37.0	10.0	90.0	95.0	1.7	0.0	3.3	36.7	41.7	21.7	13.4	68.3 11.7 20.0
NON-CONTRACTED WITH	4	700	34.3	40.0	60.0	81.9	11.9	5.7	0.6	42.1	27.4	30.4	11.8	32.4 7.9 59.7
STATE TOTALS	2%	74,268	32.8	22.9	77.1	78.7	11.8	6.2	3.3	55.2	16.0	28.8	11.6	35.4 6.2 58.4

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COMMONWEALTH OF MASSACHUSETTS
SUBSTANCE ABUSE SERVICES
SOURCE OF REFERRALS FOR ADMISSIONS

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PERIOD 07/01/88 TO 03/31/89

RUN ON 05/11/89

MODALITY	NUMBER AGENCY'S ADMISSIONS	TOTAL	SELF	FAMILY/ FRIENDS	PROFESSIONS	SUBS ABUSE SERVICES	SELF-HELP	CRIMINAL JUSTICE	COMMUNITY SERVICES
DETOX-ALCOHOL	19	20,065	58.4	7.6	4.8	15.7	0.7	3.3	9.4
DETOX-DRUG	10	2,416	75.3	6.3	4.3	7.2	1.2	3.2	2.6
DETOX-NON-MEDICAL	1	354	15.8	21.8	5.6	35.6	4.5	7.6	9.0
TRANS CARE FACIL	4	1,167	7.8	0.3	0.7	81.7	0.0	1.0	8.4
RECOVERY HOME	49	3,258	6.0	1.1	3.3	76.0	0.6	6.0	7.0
THERAPEUTIC COMM	15	772	15.2	9.8	30.3	23.7	0.6	14.9	5.4
YOUTH RESIDENTIAL	7	315	10.5	7.6	20.3	28.9	0.3	19.0	13.3
STILT	3	771	17.5	6.4	9.1	40.2	0.1	16.3	10.4
SOBER HOUSE	2	46	6.5	2.2	28.3	23.9	0.0	4.3	34.8
OUTL	3	2,996	0.0	0.0	0.0	0.0	0.0	100.0	0.0
LONG TERM CARE	1	4,744	49.3	12.3	0.8	1.2	1.2	24.7	10.5
COUNSELING-NON OAE	77	16,734	23.8	9.2	10.8	19.7	0.8	25.4	10.3
COUNSELING-COLLATERAL		2,115	35.1	25.2	21.3	3.4	1.4	3.2	10.5
COUNSELING/OAE		12,606	0.0	0.0	0.0	0.0	0.0	100.0	0.0
CRIMINAL JUSTICE	10	782	38.6	11.8	5.9	0.3	0.0	43.2	0.3
METADONE	11	2,263	62.0	15.3	9.9	9.7	0.3	1.0	1.9
NON-TRADITIONAL	26	1,099	16.4	22.9	5.1	27.8	5.1	13.6	9.1
YOUTH INTERVENTION	46	937	5.4	10.9	14.5	14.2	0.0	31.2	23.8
VOCATION/EDUCATION	4	68	5.9	5.9	4.4	83.8	0.0	0.0	0.0
GAMBLING	3	60	31.7	20.0	8.3	1.7	38.3	0.0	0.0
NON-CONTRACTED MTH	4	700	48.3	37.1	4.1	8.4	0.1	0.6	1.3
STATE TOTALS	296	79,268	31.7	7.6	5.9	15.7	0.7	31.2	7.2

COMMONWEALTH OF MASSACHUSETTS
SUBSTANCE ABUSE SERVICES

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PERIOD 07/01/88 TO 03/31/89

RUN ON 05/11/89

SOURCE OF REFERRALS FOR ADMISSIONS

	TOTAL ADMISSIONS	SELF	FAMILY/ FRIENDS	PROFESSIONS	SUBS ABUSE SERVICES	SELF-HELP	CRIMINAL JUSTICE	COMMUNITY SERVICES
WESTERN	12,503	43.6	8.5	6.0	12.8	0.7	22.1	6.4
CENTRAL	11,396	30.9	6.1	6.3	11.0	0.4	39.3	5.9
NORTHEASTERN	12,106	26.4	6.0	4.4	11.3	0.4	44.6	6.9
METRO NORTH	10,886	17.9	8.5	7.5	35.3	1.1	20.8	8.8
METRO SOUTH	9,016	32.1	6.2	4.5	20.4	0.7	24.6	11.5
SOUTHEASTERN	18,361	35.5	9.3	6.2	9.8	0.8	33.0	5.5
STATE TOTALS	74,268	31.7	7.6	5.9	15.7	0.7	31.2	7.2

REPORT NO SA150
PERIOD 07/01/86 TO 03/31/89

COMMONWEALTH OF MASSACHUSETTS
SUBSTANCE ABUSE SERVICES
HEALTH CARE RESOURCES
RUN ON 05/11/89

MODALITY	TOTAL PROGS	TOTAL ADMIT	BC/BS NBR	OTH COM %	M.H.O. NBR	MEDICAID NBR	MEDICARE NBR	HOME %
DETOX-ALCOHOL	19	20,065	1,044	5.2	1,356	6.8	436	2.2
DETOX-DRUG	10	2,416	44	1.8	62	2.6	38	1.6
DETOX-NON-MEDICAL	1	354	15	4.2	23	6.5	0	0.0
TRANS CARE FACIL	4	1,167	17	1.5	40	3.4	10	0.9
RECOVERY HOME	49	3,256	175	5.4	183	5.6	54	1.7
THERAPEUTIC COMM	15	772	22	2.8	27	3.5	10	1.3
YOUTH RESIDENTIAL	7	315	58	18.4	62	19.7	31	9.8
STAY	3	771	27	3.5	58	7.5	110	14.3
SOBER HOUSE	2	46	4	8.7	1	2.2	1	2.2
DUI	3	2,996	498	16.6	761	25.4	265	8.8
LONG TERM CARE	1	4,744	78	1.6	119	2.5	66	1.4
COUNSELING-NON DAE	77	16,734	2,099	12.5	2,444	14.6	873	5.2
COUNSELING/COLLATERAL		2,115	480	22.7	467	22.1	173	8.2
COUNSELING-DAE		12,606	2,837	22.5	4,179	33.2	1,604	12.7
CRIMINAL JUSTICE	10	782	25	3.2	38	4.9	5	0.6
METHADONE	11	2,263	140	6.2	143	6.3	65	2.9
NON-TRADITIONAL	26	1,099	97	8.8	115	10.5	41	3.7
YOUTH INTERVENTION	46	937	147	15.7	234	25.0	76	8.1
VOCATION/EDUCATION	4	68	4	5.9	2	2.9	1	1.5
GAMBLING	3	60	19	31.7	22	36.7	1	1.7
NON-CONTRACTED WITH	4	700	47	6.7	138	19.7	25	3.6
STATE TOTALS	296	74,268	7,877	10.6	10,474	14.1	3,887	5.2

COMMONWEALTH OF MASSACHUSETTS

SUBSTANCE ABUSE SERVICES

SUBSTANCE USE PAST MONTH

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 REPORT NO SA150
 PERIOD 07/01/88 TO 03/31/89

RUN ON 05/11/89

MODALITY	TOTAL PROCS	TOTAL ADMIT	ALC %	HERION %	OTHER		COKE %	MAR %	TRANK %	BARB %	AMPH %	HAL %	ANY OTHER		NEEDLE USE
					OPATE %								DRUG %		
DETOX-ALCOHOL	19	20,065	94.60	8.90	1.90	27.20	17.10	4.60	1.90	0.90	1.20	3.00	40.00		8.90
DETOX-DRUG	10	2,416	64.90	61.20	12.50	75.30	31.80	16.30	8.60	1.50	2.60	2.50	99.60		56.30
DETOX-NON-MEDICAL	1	354	85.30	14.70	2.00	41.20	35.00	4.80	2.50	1.70	3.70	0.30	60.20		18.40
TRAIS CARE FACIL	4	1,167	78.20	10.50	3.30	44.20	20.30	3.90	1.50	0.90	1.70	0.90	52.00		12.00
RECOVERY HOME	49	3,258	71.70	15.70	5.40	39.00	26.30	9.20	4.00	2.80	3.60	0.60	49.80		17.20
THERAPEUTIC COMM	15	772	45.60	33.00	6.00	57.00	28.60	9.20	4.80	1.70	4.30	3.10	71.50		33.00
YOUTH RESIDENTIAL	7	315	52.40	1.60	1.90	28.30	51.70	4.10	1.60	5.10	16.20	0.30	54.90		1.60
STILT	3	771	83.40	15.60	5.80	56.20	36.60	11.90	7.00	2.90	3.20	1.00	70.20		16.50
SOBBER HOUSE	2	46	73.90	6.50	2.20	8.30	4.30	6.50	0.02	0.00	0.00	6.50	19.60		6.50
DUILL	3	2,996	71.80	0.30	0.30	6.70	16.60	0.80	0.20	0.10	0.20	0.70	21.00		0.30
LONG TERM CARE	1	4,744	72.30	32.10	2.30	30.10	10.20	4.50	1.00	0.40	0.80	0.40	46.70		28.00
COUNSELING-NON DAE	77	16,734	54.90	8.30	1.90	20.90	19.80	4.00	1.50	0.60	1.20	1.80	38.10		6.60
COUNSELING-DAE		12,606	78.20	0.10	0.10	1.80	8.10	0.80	0.40	0.10	0.20	1.30	11.00		0.10
CRITHNAL JUSTICE	10	782	51.90	39.50	9.10	56.80	34.40	11.50	5.80	3.50	4.10	0.90	75.20		41.70
METHADONE	11	2,263	45.00	93.80	23.00	46.80	24.10	16.70	6.70	0.80	0.40	3.10	99.40		84.80
NON-TRADITIONAL	26	1,099	53.40	16.50	2.50	25.80	13.30	5.40	3.40	0.90	1.00	1.30	39.50		10.90
YOUTH INTERVENTION	46	937	48.30	0.50	0.40	9.10	33.20	0.90	0.30	1.10	4.20	4.60	36.30		0.20
VOCATION/EDUCATION	4	66	33.80	7.40	4.40	16.20	13.20	4.40	5.90	0.00	0.00	0.00	27.90		7.40
GAMBLING	3	60	36.70	0.00	0.00	0.00	11.70	5.00	1.70	1.70	0.00	78.30	83.30		0.00
NON-CONTRACTED WITH	4	700	35.10	95.00	40.10	33.00	22.00	25.30	4.30	0.30	0.10	2.70	99.90		70.90
STATE TOTALS	296	72,153	73.00	14.60	3.30	24.40	17.80	5.00	2.00	0.80	1.30	2.00	40.40		13.30

REPORT NO SA160

PERIOD 07/01/88 TO 03/31/89

COMMONWEALTH OF MASSACHUSETTS
SUBSTANCE ABUSE SERVICES
DISCHARGE PROFILEPAGE 24
RUI ON 05/11/89

MODALITY	TOTAL PROGS	TOTAL DISCHARGES	AVERAGE LENGTH STAY	COMPLETED % STAY	OROPROIT % STAY	ADMIN % STAY	RELEASE % STAY	ASSESSMENT % STAY	OTHER % STAY						
DETOX-ALCOHOL	19	18,812	4.8	65.0	6.0	30.7	2.0	2.7	3.7	0.1	5.8	0.6	2.7	1.0	1.7
DETOX-DRUG	10	2,031	10.9	51.6	16.0	39.0	4.5	7.6	6.0	0.0	0.0	0.5	4.7	1.0	3.4
DETOX-NON-MEDICAL	1	359	16.4	68.8	18.9	23.1	0.0	5.8	16.3	0.8	37.0	1.4	20.4	0.0	0.0
TRANS CARE FACIL	4	1,129	21.2	63.4	25.5	20.5	10.5	13.6	18.2	0.6	28.9	1.2	11.5	1.0	7.8
RECOVERY HOME	49	3,071	92.8	36.5	160.0	31.7	48.5	13.2	61.6	16.0	57.3	0.5	64.5	2.0	51.3
THERAPEUTIC COMM	15	431	85.8	11.4	251.8	67.7	51.3	12.5	103.1	0.5	185.0	4.6	91.6	3.0	72.8
YOUTH RESIDENTIAL	7	283	73.5	27.6	146.2	29.3	36.2	30.0	50.4	3.5	91.0	3.5	58.6	6.0	34.3
STAYIT	3	726	21.2	80.0	23.7	10.3	7.7	6.1	13.4	0.3	7.0	1.4	9.9	2.0	5.4
SOBER HOUSE	2	24	77.5	12.5	162.7	37.5	36.4	8.3	106.5	33.3	94.8	4.2	66.0	4.0	3.0
OUTL	3	2,642	13.4	96.0	13.6	0.2	0.0	1.5	6.4	0.0	2.0	0.1	6.7	0.0	11.8
LONG TERM CARE	1	4,479	17.1	89.6	17.7	2.8	0.0	7.3	10.9	0.1	11.8	0.0	7.0	0.0	13.0
COUNSELING-NON OAE	77	10,979	7.4	25.7	14.1	46.3	5.6	9.4	5.7	1.9	10.9	12.8	1.5	4.0	6.3
COUNSELING/COLLATERAL		1,371	8.4	38.7	10.9	47.0	7.4	4.7	7.0	0.2	17.0	6.9	4.3	2.0	3.3
COUNSELING-OAE		10,827	7.5	87.6	7.4	1.8	7.1	9.8	9.0	0.2	8.9	0.1	7.0	1.0	6.7
CRIMINAL JUSTICE	10	548	12.6	61.5	13.2	21.5	8.1	7.7	25.8	0.4	16.5	4.9	1.6	4.0	14.9
METHADONE	11	1,288	89.4	19.1	145.1	40.1	57.7	26.4	105.6	3.7	111.4	2.6	28.3	8.0	71.6
NON-TRADITIONAL	26	926	0.0	36.8	0.0	8.9	0.0	1.5	0.0	2.3	0.0	47.8	0.0	4.0	0.0
YOUTH INTERVENTION	46	496	1.3	33.5	1.2	31.5	1.4	7.5	4.8	0.6	1.7	24.2	0.3	3.0	1.2
VOCATION/EDUCATION	4	45	273.9	71.1	283.6	26.7	0.0	2.2	14.0	0.0	0.0	0.0	0.0	0.0	0.0
NON-CONTRACTED MH	4	345	217.8	18.3	212.3	33.0	0.0	42.3	244.8	0.9	171.3	1.4	87.2	4.0	166.8
STATE TOTALS	296	60,812	16.4	60.4	16.7	25.3	12.0	7.4	29.7	1.4	45.7	3.8	3.5	2.0	18.3

III. THE DIVISION OF SUBSTANCE ABUSE SERVICES'S GOALS FOR FY90

The Division utilizes statewide indicators, needs assessment efforts, information on the geographical and funding distribution of services, data on the characteristics of the clients in the treatment system, and research on the treatment and prevention of addictions when considering changes in the current system and when planning for new services and system expansion. This section outlines the Division's goals for FY90 which will strengthen the service delivery system and enable it to respond to the diverse needs of substance abusers in Massachusetts.

The MIS data indicate that many individuals who need services may not be receiving them and point to the need for developing specialized treatment, intervention and prevention models to address the distinct needs of IV drug users, women, communities of color, youth, elders, the homeless, incarcerated substance abusers, and the disabled. The Division will continue its current efforts to identify populations which may be under served by the existing service delivery network and to plan strategies for addressing special needs and improving access for those more difficult to reach clients. Service models will include crisis intervention, diagnostic and case finding services, specialized counseling, information and referral, peer support and long-term planning that coordinates substance abuse aftercare with other health and social services available to meet a range of client needs.

The Division is committed to serving clients who are HIV positive or have AIDS. This is part of a larger commitment to reducing HIV infection and the spread of AIDS among substance abusers. The Division will continue its commitment to serving all substance abusers seeking treatment.

The Division will continue to strengthen the network of substance abuse services for a growing number of poly-addicted clients. Increased collaboration between prevention centers, intervention programs and substance abuse treatment agencies will improve services for poly-addicted clients. The Division will continue to provide training to the provider system to assist them in meeting the changing diverse needs of substance abusers.

The Division will expand their ability to reach substance abusing clients by providing training to other agencies that identify addiction problems in the course of their work. This type of interagency collaboration will expand the Division's ability to reach and serve substance using and abusing clients through agencies other than those within the Department of Public Health's addiction service network.

The Division will also increase its working relations with community based agencies, community groups and parents (e.g. tenant associations), especially those that are in high risk areas, such as Boston, Worcester, Springfield and other major urban areas. Coordination of services and activities targeted at high risk populations, especially youth, will be fostered. Prevention of substance use and abuse, HIV infection and other STDs, and violence are some of the issues that will receive focus.

The Division of Substance Abuse Services has identified the following six major goals for Fiscal Year 1990:

- Goal 1: Use prevention, intervention and treatment services to inhibit the spread of, or potential spread of HIV infection among substance abusers, especially IV drug users.
- Goal 2: Promote the utilization of services by communities of color and women to ensure access to services for all populations.
- Goal 3: Address the issues of substance abuse and substance abuse related problems in older urban areas.
- Goal 4: Support the delivery and equitable distribution of substance abuse treatment, intervention and prevention services.
- Goal 5: Use interagency initiatives to foster collaboration between the Department and other EOHS agencies and improve services for hard to reach populations.
- Goal 6: Foster research and evaluation activities to increase the knowledge base for appropriate planning and program development.

Goal 1: Use prevention, intervention and treatment services to inhibit the spread of, or potential spread of HIV infection among substance abusers, especially IV drug users.

Slowing the spread of HIV infection by increasing access and expanding services to intravenous drug users remains a major priority for the Division in FY90. The Division estimates that there are about 1,000 clients waiting to get into treatment. Increased awareness with regard to HIV transmission and substance abuse has and is increasing demand. The expansion of the system has helped to reduce but not eliminate the waiting list. From the standpoint of AIDS prevention, the importance of getting IV drug users into treatment cannot be over emphasized. During FY90 when additional funding becomes available, the Division will continue the support for the expansion of services. There is a need for additional residential, detoxification, and methadone services. The Division is assisting providers to extend methadone services through the opening of satellites and mobile van

services. The Division is pursuing the extension of Medicaid entitlement for outpatient counseling by substance abuse treatment services which will increase treatment resources. Long-term residential care for intravenous drug users with AIDS/HIV disease is an emerging need. As these individuals become too ill to participate in traditional treatment modalities, programs must provide unique physical and mental health services. The Division seeks to replicate the M.A.R.T. program in other areas, such as Springfield, Worcester, and New Bedford where prevalence of HIV among IV drug users is believed to be high. There are additional emerging needs for support teams, day treatment, outreach workers for minority communities and building renovations so that clients with AIDS/HIV disease who have become physically disabled can participate in treatment services.

An assessment of substance abuse programs training and staff development needs will be completed at the beginning of FY90. The results of the assessment will be used to develop a statewide AIDS training plan. Training programs for substance abuse providers will enable all funded programs to meet, at minimum, the Division's recommendations on 1) client HIV/AIDS education and counseling, and 2) staff training and development. The plan will include shelter providers and AIDS coordinators for county correctional facilities. A survey of substance abuse treatment programs AIDS education activities will also be performed in the fall.

The Division recognizes the need to try different strategies to reach and treat IV drug users. Acupuncture detoxification, for example, has had demonstrated success among many groups unwilling or unable to enter residential treatment. Ambulatory acupuncture detoxification provides daily acupuncture and counseling sessions over several months. Programs in other states have been particularly useful in minority communities where clients may be unwilling to enter residential or methadone services. In FY90, the Division will put out an RFP for acupuncture services and is now supporting programs in their efforts to begin the service. It is anticipated that there will be at least four acupuncture programs; providers include two minority agencies, an agency that predominantly serves the gay and lesbian population, and one that predominantly serves the urban poor. If additional funding becomes available, the Division will pursue the establishment of innovative models for the treatment of crack addicts.

The Division will continue the support of a balanced program of drug free and methadone services; fund new services when additional monies become available as well as support current services; work cooperatively with AIDS advocates, and other human service agencies including the Governor's Executive Office for Human Services; develop programming for blacks, Hispanics and other communities of color.

Goal 2: Promote the utilization of services by communities of color and women to ensure access to services for all populations.

a. Serving Communities of Color

The Division maintains the priority of serving the black and Hispanic communities and other communities of color by ensuring access to substance abuse prevention, intervention and treatment services. The Division aims to work closely with communities at high risk for HIV transmission through substance use and aims to work with all communities in need of services. The Minority Alcoholism and Drug Task Force will be supported in their monitoring efforts and their recommendations. The Division will continue to support current providers in serving cultural and linguistic minorities and require all RFP applicants to demonstrate their ability to meet the needs of cultural and linguistic minorities in their communities. This includes funding regional trainings to providers on such topics as developing services to meet the distinct needs of cultural and linguistic minorities of their service area. The Division will assist the Office of the Refugee Health Services Planner and other Department programs in meeting the needs of ethnic minorities. The Division will fund the Minority Counselor Training Program that will train Hispanic men and women to be qualified substance abuse counselors, and explore the expansion of this program for other linguistic and cultural minorities.

b. Serving Women

Even though access to services for women have increased, existing services cannot meet the demand of women, especially women who have children, are pregnant or incarcerated. Substance abusing women face many challenges which include not only accessing treatment and supporting recovery but often also learning to support themselves and their children in a drug free environment. The Division remains committed to providing accessible and acceptable services to women. The Division will continue to foster inter- and intra-agency relationships in order to coordinate and pool resources. Efforts to reach out to women at highest risk and who have the least access - women in prison, women of cultural and linguistic minorities, elderly, young, homeless and disabled women, and lesbians - will continue to be a major priority.

The Division will co-sponsor a two day conference on substance abuse, women, pregnant women, and their children in October and will implement the third annual Awareness Week in November. The Division will enhance ties between community health centers and other agencies serving women who see a growing need for substance abuse training and services. The Division will open a residential program for Latinas and their children by the end of FY90. The Task Force will present its findings and recommendations on women's substance abuse services to the Governor's Advisory Council. The Task Force will also continue to monitor the utilization of services by women.

Goal 3: Address the issues of substance abuse and substance abuse related problems in older urban areas.

The Division recognizes the increase of substance abuse and substance abuse related problems in older urban areas. Those living in these areas are at high risk for substance abuse and involvement in substance abuse related problems. Youth living in these areas are especially at risk for substance abuse involvement. The Division will work with the Governor's Alliance Against Drugs and the Executive Office of Communities and Development to support and fund "It takes G.U.T.S. - Governor's Urban Teen Service Corps Project". This initiative will fund 11 urban communities around the state to collaborate and train older adolescents as peer leaders. Along with traditional recreational activities, the peer leaders will also incorporate alcohol and other drug abuse prevention, violence prevention, and AIDS education into these programs.

The Division will contract with Bromely Heath Tenant Management Corporation and the Elliot Street Church of Roxbury with the Community Youth Activity Block Grant to establish community-based prevention programming in two urban neighborhoods. The Division has also applied for the Community Youth Activity Demonstration Grant which will provide \$500,000 annually for three years expand this initiative to four additional urban communities (Springfield, Brockton, Worcester, and Lowell). The Division will also support the Executive Office of Communities and Development' "Reclaim Our Community" Project. Regional managers are working with community based agencies to apply for a Robert Wood Johnson Grant that would provide funding for five urban communities for prevention, early intervention, treatment and aftercare activities. The Division will continue working with and supporting community based agencies and groups in fighting substance use and abuse.

Goal 4: Support the delivery and equitable distribution of substance abuse treatment, intervention and prevention services.

The Division is looking to continue its support of the delivery system and will continue to monitor the system to assess equitable distribution of services. In its support of the delivery system, the Division hopes to negotiate more reasonable and appropriate payment schedules for services. The Division recognizes that providers are not being reimbursed for their actual services. The Division will continue to support training programs to substance abuse providers and to agencies that work with substance abusers. Topics planned for future conferences and workshops include confidentiality and legal implications of working with substance abusers, HIV infection and AIDS, hard to serve populations including linguistic and cultural minorities, the disabled and elders, women including pregnant addicts and their children, grant writing, compulsive gambling, improvement of intervention and counseling skills, housing issues, and innovative treatment services or modalities. Scholarships to the Black Alcoholism Institute and to the New England School of Addictions will continue. All training programs will have a prevention component.

The Division will pursue federal grants that may be available to state agencies and will support providers in their applications for these grants. The Division will pursue strategies for alternative funding such as funding by Medicaid for outpatient services to IV drug users. The Division will continue to support its extensive data collection (MIS) system. The Division will begin revising its data collection system to include ADMS Block Grant requirements. The Division will provide technical assistance to providers who will begin to use the computerized MIS system. This system will enable the Division to collect data timely and will enable providers to be paid timely.

Goal 5: Use interagency initiatives to foster collaboration between the Department and other EOHS agencies and improve service to hard to reach populations.

The Division has always worked cooperatively with other state agencies. In light of the fact that funding for the expansion of substance abuse services within the Division's delivery system will be quite scarce and that demand for assistance from other agencies will continue to increase, it is of utmost importance to coordinate efforts and resources. The Division will continue working with other state and non-government agencies to coordinate services and funding to meet the needs of clients and potential clients with substance abuse problems. These agencies include but are not limited to the Department of Mental Health, the Department of Youth Services, the Department of Social Services, the Department of Public Welfare, the Office of Elder Affairs, the Center for Independent Living, the Executive Office of Communities and Development, the Governor's Alliance Against Drugs, the Mass. League of Community Health Centers, the Department of Corrections and the Council on the Aging.

Interagency trainings, committees and funded services will be supported. Planned regional events include: Western region training of professionals working in the public housing field and training of DMH staff; and Southeastern regional training of substance abuse and Mass. Rehab., Commission of the Blind, and the Commission of the Deaf and Hard of Hearing staff. Statewide and regional efforts will focus on increasing access and coordinating services to underserved populations (serving minorities and women are addressed above) that often cross so many EOHS agencies' paths.

a. Serving Youth

The Division is committed to supporting and strengthening the network of youth services not only by providing access to services but also by working with other agencies and with communities to reduce substance abuse and substance abuse related problems. The Division will support and expand comprehensive school-based substance abuse prevention education.

The initial phase of the statewide plan for comprehensive school-based substance abuse prevention education programs was implemented during FY87 and continued during FY88 and FY89 by the eight regional prevention centers. School-based programming will continue to be a focal point of the Division's primary prevention efforts. Services and programs will continue to be strengthened by the incorporation of recommendations from the prevalence and patterns of adolescent alcohol and drug use studies conducted by the Division and state-of-the-art prevention strategies. The Division will complete and distribute a revised manual on community supported school based prevention program components to school systems and communities throughout the Commonwealth.

The Division will develop a statewide plan for the development of community based prevention programs. Long term success of school-based initiatives is dependent on support generated by the community and local task forces. Task force planning and parent programs can act as bridges to focus the prevention message on populations of other ages and other community institutions. The Division will initiate development of statewide parent initiatives by coordinating efforts of State Parent Team to design a multi-component statewide parent initiative.

The Division will implement the Community Youth Activities Block Grant. The Division will work in partnership with grassroots community groups to develop culturally relevant prevention activities and community action projects in housing projects and local neighborhood sites.

The Division will facilitate a partnership of alcohol and drug prevention efforts within a comprehensive health promotion and disease prevention model. The Division will continue to incorporate alcohol and other drug related health issues in the prevention services and work in collaboration with other Department of Public Health agencies, the Department of Education, the Governor's Alliance Against Drugs and other state agencies to achieve these objectives. The Division and Prevention Centers will continue to work with bicultural/bilingual teachers and human service workers to increase access to all youths.

The Division will strengthen the youth intervention service delivery system as part of a continuum of youth-oriented substance abuse services. The Division will continue to support the development of a coordinated network of youth-oriented substance abuse services that has the capacity to respond to the varied needs of children and adolescents. The services provided through the youth intervention programs continue to be integrated on a regional basis with primary prevention, outpatient counseling and residential youth services. Emphasis is placed on the development of culturally relevant youth programming.

b. Serving the Homeless

The Division recognizes that housing is a basic need for all

individuals and substance abuse free housing is a necessity for recovering individuals. Serving the homeless by providing accessibility to treatment and providing support to recovering people by assisting them in attaining a drug free environment is an important part of this goal. The Division will continue to work jointly with the EOHS Homeless Task Force, the Department of Public Welfare, and other agencies in addressing the problems of the homeless. Work with the Department of Welfare and the Executive Office of Communities and Development will include creating treatment programs that serve homeless mothers and their children.

Assist treatment programs in securing development funds for the purpose of up-grading and expanding their facilities. The Division will expand the availability of affordable housing that is alcohol and drug free through ownership opportunities for non-profits and the revolving fund for recovering people. Efforts to provide training to those who work with homeless individuals and families will continue. The Division will provide assistance with assessing the substance abuse service needs of this population and developing strategies to meet them.

c. Serving the Elders

The Division will continue to work closely with the Department of Elder Affairs, the Executive Office of Communities and Development, the Councils on Aging and local housing authorities to address the issues of substance abuse among the elderly. The Division will support the substance abuse delivery system in serving the elderly substance abuser by providing training and needed technical assistance. Active participation in the Department of Public Health Elderly Health Task Force will be a major FY90 priority in this area.

d. Serving the Disabled

Increasing the capacity of the delivery system to provide services to the disabled substance abuser is a major goal. The Division on a statewide and regional level will work with agencies serving the disabled. The Division will continue to work with the Interagency Working Group on Substance Abuse and Disabilities to identify gaps in the system. Statewide and regional trainings will take place to increase awareness, network to share resources, and increase the ability of the providers to serve this population.

e. Serving the Dual-Diagnosed

The Division will work with the Department of Mental Health and The Department of Mental Retardation to meet the needs of the dual-diagnosed population. Statewide and regional efforts will continue to increase awareness, access and services to this population. The Western Region has already planned a training workshop for the staff of the Department of Mental Health and Substance Abuse Services designed to increase awareness, network and increase access. Continuation of the evaluation of the residential program will take place.

f. Serving the Gay and Lesbian Community

The Division will continue to work on providing access to gay men and lesbians to substance abuse services. The third annual conference will take place and will increase awareness and sensitivity to the community. The Division will continue working with agencies that have expertise in providing HIV infection prevention services, HIV testing and counseling services, and substance abuse treatment services pooling knowledge and resources to fight the spread of AIDS.

g. Serving the Incarcerated Substance Abuser

The Division will continue working with the Department of Corrections and the Department of Youth Services to provide services or assist in the provision of services to the incarcerated substance abuser, i.e. mobile methadone services to Houston House, a correctional facility for pregnant women. The Division funded a new women's residential facility for women sentenced under section 35, which will provide services to ten women. The establishment of a residential treatment facility for men sentenced under section 35 is being planned. The Division will continue supporting court and prison based services.

Goal 6: Foster research and evaluation activities to increase the knowledge base for appropriate planning and program development.

The collection of relevant data, including data on clients in the delivery system and program evaluations, is an integral part of the Division's priorities for FY90 (List of Research & Evaluation Reports - Appendix 8). This information allows the Division to assess the delivery system including gaps in the delivery of services to diverse population groups or to areas of the state and the effectiveness of the service types. The Division will implement through its research contract the third year of the longitudinal study. The evaluation of the mobile methadone van services will continue. The research contract will collect baseline information on clients who are HIV positive and on AIDS education given in treatment programs. In order to have a more complete description of the relationship between the use and abuse of alcohol and other drugs and public indicators, the Division will work with the Department's Bureau of Health Statistics, Research and Evaluation.

IV. BUDGET OVERVIEW

The Division of Substance Abuse Services purchases all direct services from community-based agencies. Most funds are distributed on a competitive basis through a request-for-proposals (RFP) process. During FY87 the Division conducted an open and competitive request for proposals as a step toward a merged system of drug and alcohol services. This RFP process was one step in establishing a more comprehensive and cohesive network of merged drug and alcohol services. The RFP was also intended to develop a thoughtful and equitable plan for the use of federal block grant dollars, and to achieve a more equitable distribution of state and federal dollars across the various regions of the state and within the sub-areas of each region.

In FY89, the alcoholism and drug rehabilitation budgets for the ADMS Block Grant, were merged into one account for substance abuse services. The charts that follow reflect this change. Moreover, since the 1988 Drug Bill combined the ADMS and the ADTR funding into one grant award, the ADTR account will be discontinued once the existing funds expire in FY90.

The Division of Substance Abuse Services' FY89 budget totalled \$54,352,179 (Appendix 9). Of this the Division obligated \$50,065,888 to purchase an array of prevention, intervention and treatment services across the state. In addition, in FY89 the Division was responsible for purchasing and monitoring \$4,757,977 worth of substance abuse treatment services to persons with AIDS or persons at high risk for contracting AIDS. These dollars are not included in this discussion or the charts that follow. Figure 1 shows that the Division allocated 29% of its purchase of service funds to emergency treatment programs; 23% to ambulatory services; 37% to residential rehabilitation and 11% to prevention and early intervention programs. The remaining dollars provided programmatic and administrative support for the substance abuse network of services.

Of this total budget, seventy-three percent of the Division's purchase of service funds came from state accounts. The remaining funding sources were the ADMS Block Grant, the FY88 ADTR award and three Intergovernmental Service Agreements (ISA's) funded through the Drug Free Schools and Communities Act of 1986. (See Figure 2) While state appropriations have increased over the last five years, ADMS dollars have remained relatively constant until the increased federal FY89 grant award. (See Figure 3)

A. ADMS Block Grant

ADMS Block Grant dollars are combined with state dollars to enhance the capacity of the system to develop a range of services consistent with the needs of Massachusetts residents. Both federal and state dollars are used interchangeably to support a network of alcoholism and drug rehabilitation services.

Historically, the ADMS Block Grant dollars have been allocated primarily to prevention and ambulatory services. Consistent with this trend, in FY89 85% of the Block Grant dollars were obligated for these services. The remaining 15% was obligated for emergency and residential programming. (See Figure 4 for a breakdown of service types funded through the ADMS Block Grant.)

ADMS funds were also used to target the populations specified in block grant regulations. The Division has consistently met or exceeded previous Block Grant requirements: 20% for prevention and early intervention services and 5% for services targeted to women.

During FY89, \$2,351,602 of the ADMS Block Grant purchase of service funding was obligated for prevention and early intervention services to augment those supported by the state. The emphasis for this year was on the provision of alcohol and drug abuse information education to school-aged youth, grades K-12, through training of school personnel. Early intervention services were specifically targeted to those young people who were beginning to experience the negative consequences of their alcohol and/or drug use.

The Division has also continued to place a high priority on services to women. Over \$1.9 million in federal dollars was allocated to women-only treatment programs. In addition, it is assumed that 50% of the prevention and early intervention programs provided services to women. With this assumption, the prevention and early intervention dollars directed towards women equaled approximately \$2.4 million. When the admissions data for the first nine months of state fiscal year 1989 was examined, 23% of all admissions were women.

In addition to direct services to clients ADMS funds were also used in FY89 to provide programmatic support to the network of substance abuse services. A breakdown of these expenditures can be found in Appendix 10.

The planning and funding efforts of the Division have covered a multi-year period to minimize the year-to-year decreases in funding for providers. The Division currently plans to maintain its FY90 spending level through FY91 despite the anticipated decrease in the federal allocation. However at this time, it is expected that the obligations in FY92 will have to be reduced if the projected federal allocations continue as proposed.

B. Alcohol and Drug Abuse Treatment and Rehabilitation (ADTR)
Block Grant Program - FY87/88

In the spring of 1987 the Division received the first grant award notice for federal funds made available as part of the Alcohol and Drug Treatment and Rehabilitation Block Grant Program. A second award under this program was received late in September.

The Department has developed a statewide network of substance abuse programs that balances ambulatory and residential treatment with prevention and intervention services. Cooperative arrangements have been developed between publicly funded and private agencies to promulgate a substance abuse prevention message and to maximize access to care for all citizens. Despite these efforts, many clients needing services have not entered treatment.

The Department used these new federal monies to make new services available to hard-to-reach populations such as youth, minorities, women, and disabled and dually-diagnosed clients. Special emphasis has been placed on outreach to intravenous needle users at high risk for AIDS.

The FY89 ADTR dollars, like the ADMS grant, were combined with state dollars to broaden the capacity of the treatment system to serve all citizens experiencing problems with alcohol and drug abuse. The distribution of obligated dollars between service types was as follows: 26% for Emergency Treatment, 27% for Ambulatory Services, 36% for Residential Services and 11% for Prevention and Early Intervention Services. This mix of services follows closely the Division's overall mix. The ADTR funds directed a slightly larger percentage of its funds toward Ambulatory Services and especially the non-traditional service type. Collectively, the non-traditional services are specialized to meet the needs of specific populations (e.g., women, minorities, elderly, etc.) who may not be adequately serviced by the basic treatment system.

C. ADMS/ADTR - FY90

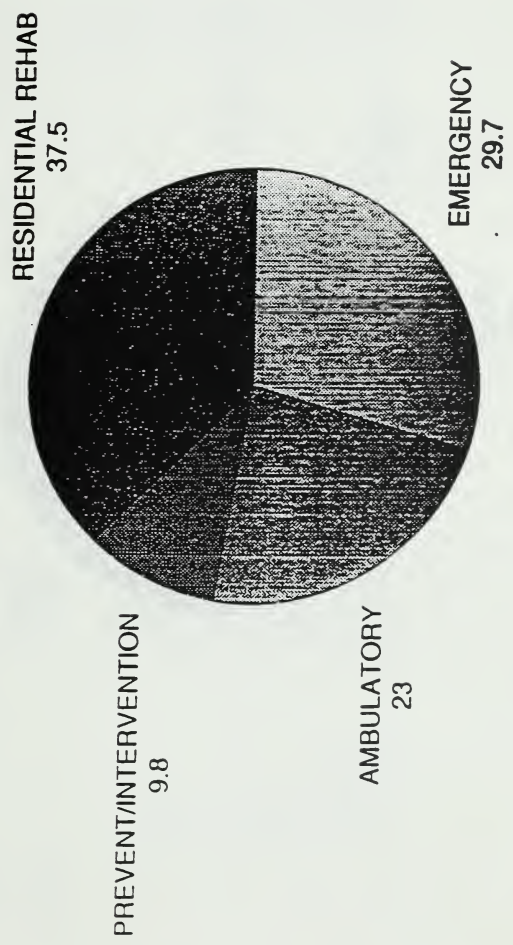
In FY90 the Division's state and federal budget is expected to be approximately \$55 million. (See Figure 5) In addition, the Division will be responsible for purchasing and monitoring \$8.5 million of substance abuse treatment services to persons with AIDS or persons at high risk for contracting AIDS. These dollars are not included in this discussion or the reference figures. In the combined state and federal budget the Division plans to spend 93% of all funds for direct purchase of service. In addition, a portion of the expenses in the other budget lines also go to the direct provision of such services as training and technical assistance to providers.

All assurances currently required by the Block Grant will continue to be met in FY90. The relationship between program services and federal set-aside requirements is summarized in Section D.

The federal FY89 ADMS Block Grant will be fully obligated by July 1, 1989 and is expected to be fully expended by December 31, 1989. At this time maintenance of the current services and administrative and programmatic support are expected to be continued through the FY90 award (See Appendix 11 for a list of FY90 program services).

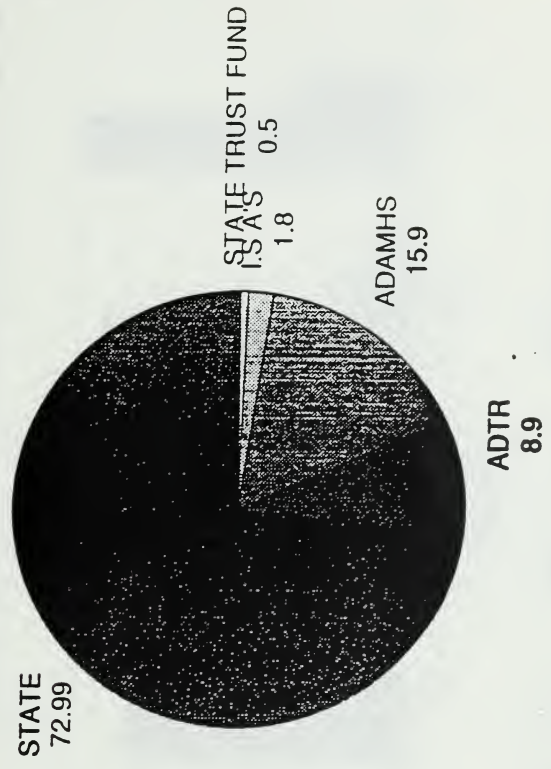
FY 89 SERVICE MIX

FIGURE 1: SERVICE TYPE FY89



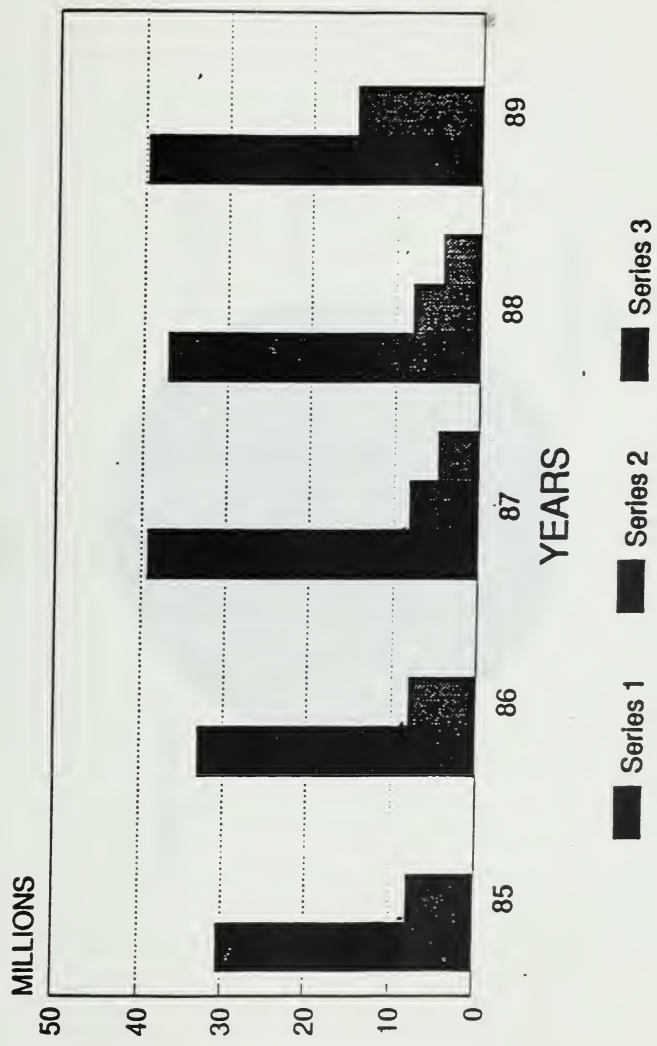
TOTAL AMOUNT OF FUNDS 49,401,443

FIGURE 2: SOURCE OF FUNDS FY89



Total amount available 54,352,179

FIGURE 3: APPROP. FY85-FY89
HIS.OF FED.GRANT AWARDS AND STATE APPRO.



SRERIES 1 STATE,2 ADMS, 3 ADTR.

PROVING THE EXISTENCE OF A SOLUTION

THE PROBLEM OF THE EXISTENCE OF A SOLUTION OF A DIFFERENTIAL EQUATION

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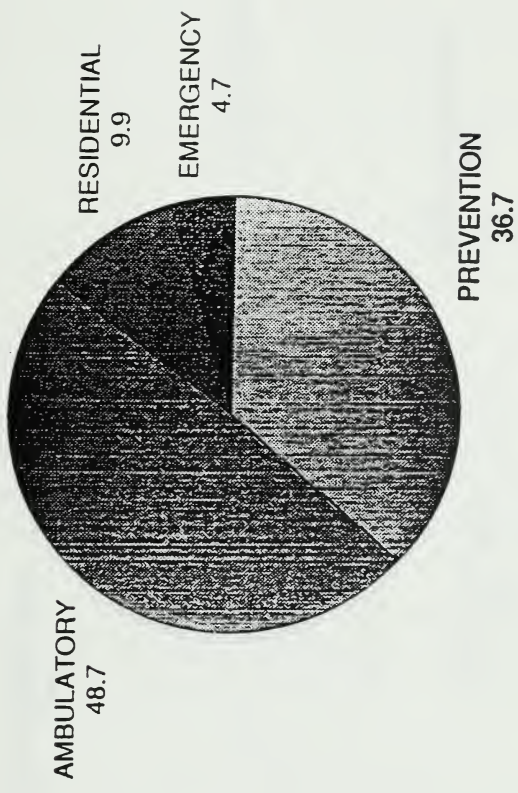
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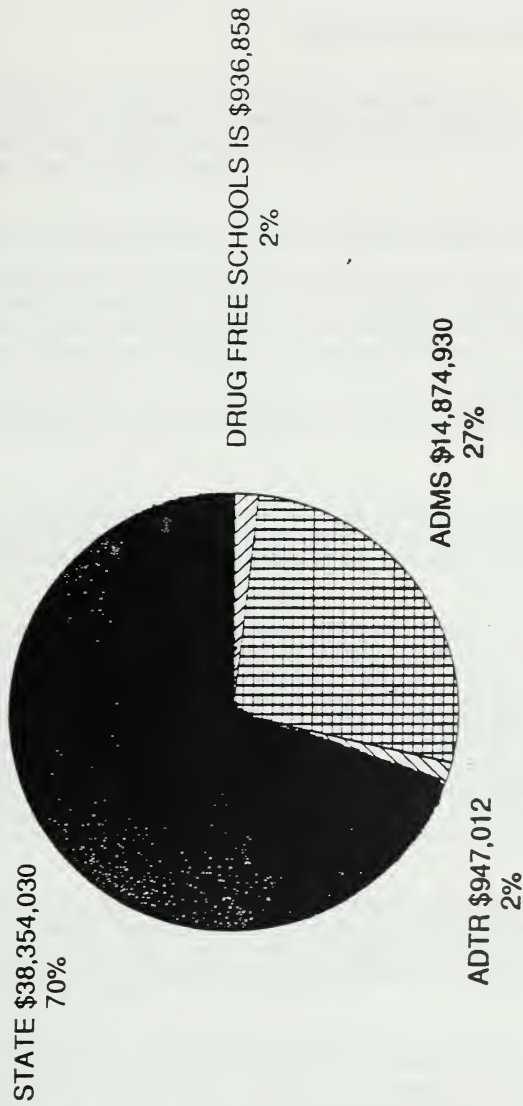
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FIGURE 4: ADMHS SERVICE TYPE FY89
FY89 ADMS SERVICE MIX



TOTAL AMOUNT 6,408,121

FIGURE 5: FY90 BUDGET BY SOURCE OF FUNDS



The funds in the ADTR account will expire September 30, 1989. Contracts for FY90 will be written to obligate and expend these funds before that time. Services previously funded through this account will be funded through the Block Grant.

D. Meeting Federal Set-Asides for FY89 ADAMHA Block Grant

The Division of Alcoholism and Drug Rehabilitation has developed a classification system for meeting the FY89 Federal block grant set-asides which takes into consideration the merger of alcoholism, alcohol abuse and drug abuse services in Massachusetts.

FY89 federal dollars will be obligated by service type and/or target population according to the assumptions described below.

BACKGROUND

In Massachusetts, the state has been moving toward consolidation of alcoholism and drug rehabilitation services since 1982 when the Division of Drug Rehabilitation was returned to the Department of Public Health.

The consolidation of the two Divisions started with jointly funding projects servicing both drug and alcohol abusers. In 1986, the Divisions began an administrative merger and, in 1987, conducted a system-wide request for proposals (RFP) emphasizing merged services. As a result of this RFP, alcohol and drug outpatient counseling were combined into a single modality. In 1988, alcohol and drug detox centers were licensed under a single category of substance abuse detox. Legislation has been drafted and filed which proposes to combine current enabling legislation and to create a Division of Substance Abuse Services within the Department of Public Health.

In FY88, the previously separate state accounts for alcoholism and drug rehabilitation were combined. This year, the alcoholism and drug rehabilitation accounts from the FY88/89 Block Grants were also merged. The ADTR account will remain separate until it is fully expensed before the end of FY89.

The impetus for merger has come directly from clients. Over the past several years, increasing numbers of admissions have challenged the system with increasing reports of multi-drug abuse. The Division has only had a merged Management Information System (MIS) since FY88, but the percent of admissions who report both alcohol and one or more drugs in eight major services has increased from 37% to 41% between FY88 and the first eight months of FY89.

The Division feels this merger has enhanced the delivery of services to all clients. Access is improved and a broader range of services is available for clients abusing alcohol and other drugs. Service to intravenous drug users has increased from 6,500 clients in FY86 to 15,000 in FY89. Inclusion of drug clients has permitted providers to expand their funding base and improve their fiscal viability. All of these changes have been especially beneficial to minority providers and minority clients.

CLASSIFICATION SYSTEM

The administrative task for the Division this year has been to obligate federal funds in a manner which assures the proper disbursement of and accounting for federal funds paid to the state. This includes meeting the set-asides required by both the FY88 and FY89 Block Grant awards.

The Massachusetts Management Accounting and Reporting System (MMARS) provides a clear audit trail for Block Grant funds. After the Grantee, Executive Office of Human Services, assesses an administrative surcharge to the Block Grant award, the funds are placed in a separate federal substance abuse (alcohol and other drugs) programs and services are controlled and reported by unique MMARS codes.

Within the context of a merged alcoholism and drug abuse system, the Division ensures compliance with Block Grant set-asides by matching client data, gained from its MIS, to program service types, as defined by taxonomies and identified by MMARS codes, to establish a classification system for contracted programs. The Divisions programmatic support services are assumed to match the contracted set-asides.

The Division's classification system makes the following assumptions:

- o Prevention and early intervention services uniformly address both alcohol and other drugs in all activities.
- o Intervention, treatment and rehabilitation programs and services, including those for intravenous drug abusers, are available to all clients regardless of the substance or substances reported.
- o With the exception of single sex residential rehabilitation programs, all services are available to both men and women.
- o A program type may meet more than one set-aside.

This classification system, which links program types with MMARS organization codes, is used as the base for determining compliance with federal set-asides.

For purposes of calculating the dollars expended for each set-aside, the average percent of admissions related to the set-aside within each program type is applied to all federal funds for that type. For example, if 52% of all admissions to outpatient services are reporting alcohol use within the past 30 days, then 52% of the total federal dollars in outpatient contracts will be assumed to meet the alcoholism and alcohol abuse set-aside.

An example of these calculations in all program types may be found in Table IV I. The classification system is matched to FY88 MIS client admission data and FY89 obligated dollars to determine compliance with FY89 federal set-asides for all but women's services.

A brief description of each set-aside follows.

FY89 SET-ASIDES

Prevention and Early Intervention Set-Aside

Three of the eighteen program services types partially meet both the alcoholism and alcohol abuse set-aside and the drug abuse set-aside. The percent applied to each set-aside is based on MIS data for the prior fiscal year. Each set-aside requires a 35% minimum.

Intravenous Drug Abuser Set-Aside

Fourteen program service types have been classified as serving intravenous drug abusers. Not included are the three prevention program types and the public inebriate program for which there is insufficient data. The set-aside for FY89 is 13% of the drug abuse set-aside dollars; this will increase to 17.5% in FY90.

Women and Dependent Children Set-Aside

Programs and services for women and their dependent children are not classified by separate MMARS codes. The Division maintains a budgetary control list of programs meeting this set-aside which can be matched to MIS client data. The set-aside for FY89 is 10% of the total Block Grant dollar and 17% of the Alcoholism and Drug Abuse portions (see Appendix 10).

Alcoholism and Drug Abuse Activity Set-Aside

Alcoholism and drug abuse activities are defined as those services (e.g., Division staff, training, evaluation, consultant services) which enhance and support programming. The organizational codes for these services may be found in Table IV I. With over 80% of the Division's federal budget in purchase of direct client services, these related activities are assumed to be expensed consistent with the set-asides for program service types.

Table IV I

MODALITY	ALCOHOL ONLY	MULTIPLE USE ^a			TOTAL ADMISSIONS ^b	ALCOHOL SET ASIDE	DRUG SET ASIDE
		PRIMARY ALCOHOL	PRIMARY DRUG	DRUGS ONLY			
EMERGENCY							
ALCOHOL DETOX	60	16	19	5	19,938	95	40
DRUG DETOX	<1	7	58	35	2,411	65	100
NON-MEDICAL DETOX	36	16	38	10	334	90	64
TCF	40	14	37	10	1,073	90	60
RESIDENTIAL							
RECOVERY HOME	36	20	36	8	2,534	92	64
THERAPEUTIC COMMUNITY	3	5	54	38	568	62	97
YOUTH RESIDENTIAL		8	71	13	189	87	92
STIIIT	25	17	47	11	724	89	75
SOBER HOUSE	76	8	8	8	37	92	24
BRIDGEWATER ATU	51	3	21	25	4,561	75	49
AMBULATORY							
OUTPATIENT	43	10	28	18	11,218	82	57
CRIMINAL JUSTICE	10	8	45	38	651	62	90
METHADONE (CONTRACTED)	<1	<1	44	55	2,254	45	99
YOUTH INTERVENTION	34	5	48	13	529	87	66
VOC/ED	39	3	32	26	31	74	61
GAMBLING	4	6	33	58	52	42	96
NON-CONTRACTED							
METHADONE	<1	<1	35	65	699	35	100
ENTIRE SYSTEM ^c	44	12	28	16	48,503	84	58

^a Clients who reported both alcohol and drug use during the month prior to admission were divided into 2 groups. "Primary alcohol" clients reported more frequent use of alcohol than drugs whereas "primary drug" clients reported more frequent use of drugs than alcohol.

^b Excludes clients who reported no substance use in the month prior to admission.

^c Excludes both 1st and 2nd offender drunk-driving clients.

V. ASSURANCES

The ADMS Services Block Grant requires the State to provide assurances in accordance with the provisions of Section 1915 (c) of the Omnibus Budget Reconciliation Act of 1981 and as amended by the Anti-Drug Act of 1988. Below are listed the assurances which apply to all three subcomponents (including alcohol and drug abuse) and those which apply to alcohol and drug abuse specifically. Assurances specifically relating to mental health activities are excluded.

Assurance 1. Fund Use

The State agrees to use the funds allotted to it under Section 1913 in accordance with the requirements of this part.

Assurance 5. Criteria for Evaluation

The State agrees to provide for periodic independent peer review to assess the quality and appropriateness of treatment services by entities that receive funds from the State pursuant to this subpart.

Assurance 6A. Relative Allotments

The State agrees to use the funds allotted to it under Section 1913 for fiscal year 1982 for the mental health and alcohol and drug abuse activities prescribed by Section 1915 (a) as follows:

(i) The amount provided for mental health activities shall not exceed an amount which bears the same relationship to the funds allotted to the State for such fiscal year as the funds for mental health services which would be received by the State and entities in the State in fiscal year 1981 under the Community Mental Health Centers Act and the Mental Health Systems Act if the Secretary had obligated all of the funds appropriated for such Acts under Public Law 96-536 bore to the funds which would have been so received by the State and entities in the State in such fiscal year under such provisions of the law and the funds received by the State and entities in the State in fiscal year 1980 under sections 301 and 312 of the Comprehensive Alcohol Abuse and Alcoholism Prevention and Treatment, and Rehabilitation Act of 1970 and Sections 409 and 410 of the Drug Abuse Prevention, Treatment, and Rehabilitation Act.

(ii) The amount provided for alcohol and drug abuse activities shall not exceed an amount which bears the same relationship to the funds allotted to the State for such fiscal year as the funds received by the State and entities in the State in fiscal year 1980 under Section 301 and 312 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 and Sections 409 and 410 of the Drug Abuse Prevention, Treatment, and

Rehabilitation Act bore to the funds which would have been under such sections and the funds which would have been received by the State and entities in the State in fiscal year 1981 for mental health services under the Community Mental Health Centers and the Mental Health Systems Act and for mental health services demonstrations under Section 301 of this Act if the Secretary had obligated all the funds appropriated for such provisions of law under Public Law 96-536 in fiscal year 1988 under part C of this title (as in effect on September 30, 1988) and in fiscal year 1989 under appropriations made in the Anti-Drug Abuse Act to carry out this part.

Assurance 6B. Fiscal Year 1983 Allotments

The State agrees to use 90 percent of the funds allotted to it under Section 1913 for fiscal years beginning after fiscal year 1984 for the mental health and alcohol and drug abuse activities prescribed by Section 1915(a) as prescribed by subparagraph (A).

Assurance 7. Relative Allotments to Alcohol and Drug Abuse

In any fiscal year, the State agrees to use funds for the alcohol and drug abuse activities prescribed by Section 1915(a) as follows:

(A) Not less than 35 percent of the amount to be made available for such activities shall be used for programs and activities relating to alcoholism and alcohol abuse.

(B) Not less than 35 percent of the amount to be made available for such activities shall be used for programs and activities relating to drug abuse.

The State agrees that that portion of the State's FY 1989 allotment received from amounts appropriated in P.L. 100-690 for substance abuse; and in carrying out such programs, the State will expend not less than 50 percent of such payments to carry out the programs of treatment for intravenous drug abuse described in Section 1915(c) of the Public Health Service Act, as amended by P.L. 100-690.

Assurance 8. Prevention and Early Intervention Programs

Of the amount to be used in any fiscal year for alcohol or drug abuse activities, the State agrees to use not less than 20 percent of such amount for prevention and early intervention programs designed to discourage the abuse of alcohol or drugs, or both.

Assurance 9. Federal Investigation

The State agrees to permit and cooperate with Federal undertaken in accordance with Section 1918.

Assurance 10. Identification of Need

The State assures that those populations, areas and localities in the State with a need for drug abuse services have been identified.

Assurance 11. Maintenance of State Effort

The State assures the Federal funds made available under Section 1914 for any period will be so used as to supplement and increase the level of State, local and other non-Federal funds that would in the absence of such Federal Funds be made available for the programs and activities for such funds are provided under that section and will in no event supplant each State, local, and other non-Federal funds.

The policy of the Divisions of Alcoholism and Drug Rehabilitation on supplantation is reflected in the definition as follows:

Supplantation is the specific reduction of State appropriations by replacing them with Federal funds. This does not mean that funds cannot be shifted between providers or between programs. Shifts of funds may be made so long as the overall level of alcohol and drug abuse services is maintained. Exception to this general rule may be required in the event of a total decrease in State funds available for the programs.

(A) The State agrees that the State will maintain State expenditures for services provided pursuant to this subpart at a level equal to not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive payments under section 1914.

Assurance 12. Confidentiality of Patient Records

The State assures it has in effect a system to protect from inappropriate disclosure patient records maintained by the State in connection with any activity funded under this part by any entity which is receiving payments from the allotments of the State under this part. The Division of Drug Rehabilitation has a contract provision which protects patient confidentiality in accordance with the requirements of Federal regulations, published in the Federal Register, Vol. 40, No. 127, July 1, 1975 (Confidentiality of Alcohol and Drug Abuse Patients).

Assurance 14. Allotment of Funds for Women and Children

Of the amount allotted to a State under this part in any fiscal year, the State agrees to use not less than 10 percent for programs and services designed for women (especially pregnant women and women with dependent children) and demonstration projects for the provision of residential treatment services to pregnant women.

Assurance 16. Notification of Program's Capacity

The State agrees that the State will, with respect to programs of treatment for intravenous drug abuse, require that any such program receiving funds pursuant to this part, upon reaching 90 percent of its capacity to admit individuals to the program provide to the State a notification of such fact.

Assurance 17. Referral of IV Drug Users

The State agrees that the State will, with respect to notification under paragraph (16), ensure that, to the maximum extent practicable, each individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program described in such paragraph within 7 days after making the request.

Assurance 18. Outreach

The State agrees that the State will require any program receiving funds pursuant to this part to carry out outreach activities described in 1915(c)(1)(C).

Assurance 19. Allocation of Funds According to Need

The State agrees that, in carrying out this subpart with respect to substance abuse, payments under Section 1914 will be targeted to communities with the highest prevalence of substance abuse or the greatest need for treatment services with respect to such abuse, as determined by the State after consideration of:

(A) the demand for such services or a need for such services that exceeds the capacity to provide such services;

(B) a high prevalence of drug related criminal activities; and

(C) a high incidence of communicable diseases transmitted through intravenous drug abuse.

Assurance 20. Data Collection

The State agrees that it will provide to the Secretary any data required by the Secretary pursuant to Section 509D and will cooperate with the Secretary in the development of uniform criteria for the collection of data pursuant to such section.

Assurance 21. State Plan

The State agrees to devise and make available at such times as the Secretary may request, a plan that describes how the State can provide services to all individuals seeking treatment services if sufficient resources are available and an estimate of the financial and personnel resources necessary to provide such treatment.

The following assurances are included in accordance with the recommendation of the ADMS Block Grant Fiscal Year 1985 and 1988 compliance review.

Assurance Re: Section 1916(A). Group Homes

The State agrees to comply with Section 1916(A) as follows:

(1) The State agrees to establish, directly or through the provision of a grant or contract to a non-profit private entity, a revolving fund to make loans for the costs of establishing programs for the provision of housing in which individuals recovering from alcohol or drug abuse may reside in groups of not less than four (4) individuals.

(2) The State agrees to ensure that the programs are carried out in accordance with guidelines issued under Section 1916(A)(c) of the Public Health Act, as amended by P.L. 100-690.

(3) The State agrees to ensure that not less than \$100,000 will be available for the revolving fund.

(4) The State agrees to ensure that each loan made from the revolving fund does not exceed \$4,000 and that each such loan is repaid to the revolving fund not later than two (2) years after the date on which the loan is made.

(5) The State agrees to ensure that each such loan is repaid through monthly installments and that a reasonable penalty is assessed for each failure to pay such periodic installments by the date specified in the loan agreement involved.

(6) The State agrees to ensure that such loans are made only to non-profit private entities agreeing that, in the operation of the program established pursuant to the loan:

a. the use of alcohol or any illegal drug in the housing provided by the program will be prohibited;

b. any resident of the housing who violates any such prohibition will be expelled from the housing;

c. the costs of the housing, including fees for rent and utilities, will be paid by the residents of the housing; and

d. the residents of the housing will, through a majority vote of the residents, otherwise established policies governing residence in the housing, including the manner in which applications for residence in the housing are approved.

Assurance Re: Section 1915(b)-(c). Prohibited Expenditures

The State assures that amounts paid to it under Section 1914 will not be used to:

(1) provide inpatient services in the case of amounts provided for community mental health centers or provided inpatient hospital services in the case of amounts provided for alcohol or drug abuse programs,

- (2) make cash payments to intended recipients of health services,
- (3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility or purchase major medical equipment,
- (4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds, or
- (5) provide financial assistance to any entity other than a public or non-profit private entity.

The State agrees that payments received under the ADMS Block Grant and used pursuant to Section 1915 (c) will not be expended:

- (1) to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such hypodermic injection; and
- (2) to carry out any testing for the etiologic agent for acquired immune deficiency syndrome unless such testing is accompanied by appropriate pre-testing counseling and appropriate post-test counseling.

Appendix 1 .

Data on IV Drug Users



The Commonwealth of Massachusetts

Executive Office of Human Services

Department of Public Health

Divisions of

Alcoholism & Drug Rehabilitation

150 Tremont Street

Boston 02111

Michael S. Dukakis

Governor

Phillip W. Johnston

Secretary

Deborah Prothrow-Stith, M.D.

Commissioner

Characteristics of IV Drug Users in
Substance Abuse Treatment
FY '88 and First Half FY '89

- * One-fourth (27%) of IV drug users are women.
- * The mean age is 31 and half (51%) are between 30 and 39 years of age.
- * 31% of IV drug users in the substance abuse treatment system are blacks and Hispanics.
- * Over half (55%) have never been married.
- * Three-quarters (77%) are not working.
- * Most have incomes below the poverty level: 66% report a yearly income of less than \$7500.
- * One out of every 10 IV drug users is homeless.
- * One-third (31%) live with parents or family, while 30% live with spouse and/or children.
- * Two-thirds (64%) have no health insurance (either private or public).
- * Most report use of several drugs: 85% report heroin use, 65% report cocaine use, and 60% report alcohol use.
- * Almost three-quarters (71%) report IV needle use more than once per day.
- * There was a steady increase in admissions of IV needle users into treatment between FY '88 and the first half of FY '89.
- * Approximately 1000 IV drug users are currently on waiting lists for treatment. Unless funding is made available and/or services extended, this population will continue not only to be drug addicted but to share and use IV needles.

Table 1
IV Clients Treated During FY'89^a
By Service Category and Region (in percent)

Service Category	Region						
	State (N=9810)	West (N=1532)	Central (N=1217)	North- east (N=820)	Metro North (N=2081)	Metro South (N=1182)	South- east (N=2978)
Detox	38	48	35	35	10	28	59
Residential	9	7	15	10	10	15	5
Outpatient	11	13	8	21	6	32	4
Methadone ^b	34	25	35	26	62	12	30
Other	7	8	7	8	12	12	1

^aIncludes admissions through 1/31/89.

^bIncludes data from non-contracted methadone programs.

Table 2
Admissions of IV Drug Users to
Substance Abuse Treatment by Fiscal Year and Month

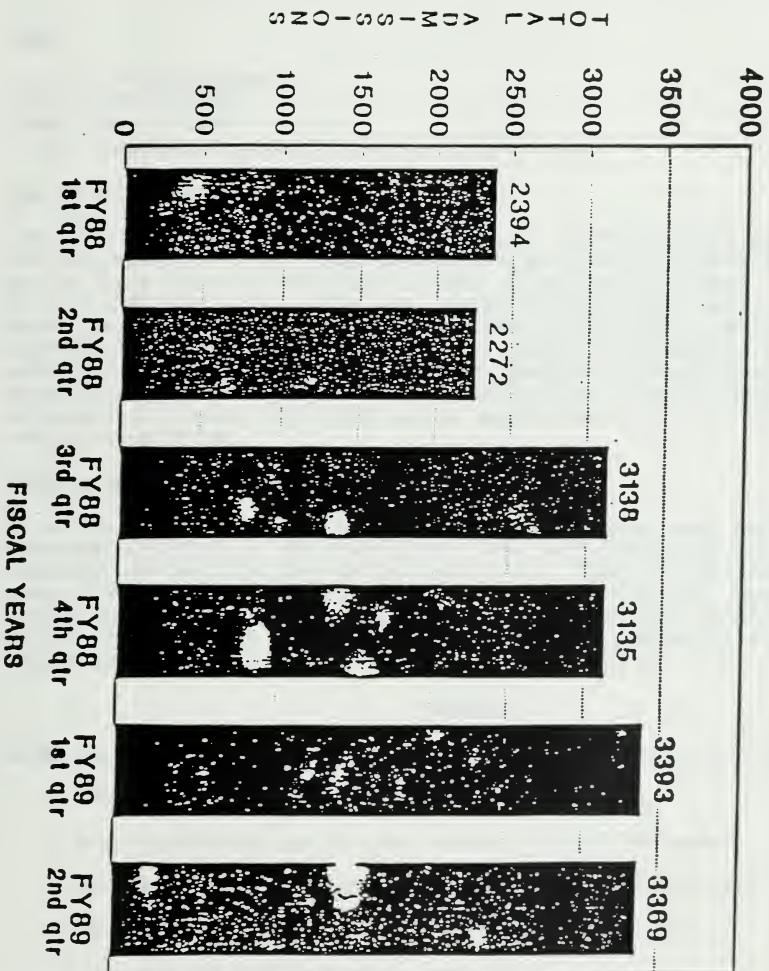
Month	FY88	FY89
Active	1,608	1,949
July	848	987
August	764	1,211
September	782	1,195
October	782	1,155
November	708	1,084
December	782	1,130
January	1,009	1,112
February	966	
March	1,163	
April	958	
May	1,141	
June	1,036	
TOTAL	12,547	9,823

* 13,500 IV drug users will be admitted during FY89 (estimate based on first seven months of FY89).

* Services will be provided to over 15,000 IV drug users (new admissions plus active case load).

* FY89 has 234 more admissions per month than FY88 (FY89 = 1,125/mo; FY88 = 911/mo).

ADMISSIONS OF IV DRUG USERS TO SUBSTANCE ABUSE TREATMENT PROGRAMS BY FISCAL YEAR



HEALTH AND ADDICTIONS RESEARCH, INC.

867 BOYLSTON STREET, SIXTH FLOOR
BOSTON, MASSACHUSETTS 02116
617-268-9219
617-268-6271

MEMO

TO: David Mulligan
FROM: Mike Hofmann
DATE: May 5, 1989
RE: Readmission rates of needle-using clients

All Clients Treated in FY'88 and FY'89

There have been 22,496 needle-use admissions to the treatment system since the beginning of FY'88. This figure includes clients who were in treatment on the first day of FY'88 (July 1, 1987) as well as admissions during all of FY'88 and FY'89 to date. The total number of individual needle-using clients served during that time period is estimated to be 15,723. Table 1 shows that approximately one-quarter (24%) of these clients were admitted to treatment more than once and one in ten (10%) were admitted at least three times. While only 24% of the needle-using clients had two or more admissions, they accounted for nearly half (47%) of all needle-user admissions since the beginning of FY'88.

Clients Treated During the First 8 Months of FY'89

As of the end of February, there had been 8,835 needle users admitted to treatment in FY'89 in addition to the 2,038 needle users who were already in treatment on the first day of the fiscal year. Thus, 10,923 needle-user admissions were treated during the first 8 months of FY'89. The number of unique individual clients that these admissions represent is estimated to be 8,760. These figures project to 15,366 needle-use admissions and 12,121 unique needle-using clients treated during all of FY'89.

SUMMARY

Since Beginning of FY'88 - including clients in treatment on July 1, 1987:

- * Total needle user admissions = 22,496
- * Total individual needle users served = 15,723 (estimate)
- * Percentage of clients admitted to treatment more than once = 24 %
- * Percentage of clients admitted more than twice = 10 %

First 8 Months of FY'89 - including clients in treatment on July 1, 1988:

- * Total needle user admissions = 10,923
- * Total individual needle users served = 8,760 (estimate)
- * Projected number of admissions for all of FY'89 = 15,366
- * Projected number of unique clients served in FY'89 = 12,121

Table 1.

Number of Admissions to Treatment for Needle Users
 Clients Treated in FY'88 and FY'89 (Through April 30, 1989)¹

# Times Admitted	Estimated # of Clients	% of Clients	# of Admissions	% of Admissions
1	11,928	76	11,928	53
2	2,296	15	4,592	20
3	812	5	2,436	11
4	332	2	1,328	6
5	170	1	850	4
6	82	< 1	492	2
7	39	< 1	273	1
8	29	< 1	232	1
9	13	< 1	117	< 1
10 or more	22	< 1	248	1
TOTAL	15,723		22,496	

¹FY'88 = July 1, 1987 - June 30, 1988.

FY'89 = July 1, 1988 - April 30, 1989.

Includes clients already in treatment as of July 1, 1987.

Appendix 2

Prevalence of Drug and Alcohol Use Among Adolescents



Michael S. Dukakis
Governor

Philip W. Johnston
Secretary

Deborah Prothrow-Stith, M.D.
Commissioner

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Health

150 Tremont Street

Boston 02111

617-727-2700

DRUG AND ALCOHOL USE AMONG MASSACHUSETTS ADOLESCENTS

A PRELIMINARY REPORT

MICHAEL S. DUKAKIS
GOVERNOR, COMMONWEALTH OF MASSACHUSETTS

PHILIP W. JOHNSTON
SECRETARY, EXECUTIVE OFFICE OF HUMAN SERVICES

DEBORAH PROTHROW-STITH, M.D.
COMMISSIONER, DEPARTMENT OF PUBLIC HEALTH

DAVID H. MULLIGAN
DIRECTOR, SUBSTANCE ABUSE SERVICES

CONDUCTED BY: ALCOHOL AND HEALTH RESEARCH SERVICES

FEBRUARY, 1988



Michael S. Dukakis
Governor

Philip W. Johnston
Secretary

Deborah Prothro-Stith, M.D.
Commissioner

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Health

150 Tremont Street

Boston 02111

617-727-2700

INTRODUCTION

The Governor, the Governor's Alliance Against Drugs, the Executive Office of Human Services and the Department of Public Health are pleased to announce the preliminary results of two studies: The First Year of the Longitudinal Study on Adolescent Drug and Alcohol Use and the 1987 Statewide Survey of Drug and Alcohol Use Trends Among Adolescents.

The results are very encouraging. Trends indicate impressive reductions in the prevalence of lifetime and current use of any illicit drugs.

Regional Alcohol and Drug Abuse Prevention Centers, in collaboration with the Governor's Alliance Against Drugs and the Department of Public Health, assist communities and school systems to develop the alcohol and drug abuse prevention programs that are helping to achieve these apparent successes.

With the Governor's leadership, communities and school systems have created an environment that supports students in their decision not to use drugs.

Lasting influence on adolescent substance use requires continued collaboration between state and local agencies, community leaders, parents, and adolescents themselves, all working together to respond to this major public health problem.

Adolescent Drug and Alcohol Use: A Seven Year Study
Year One - Grade Six

A study of substance use among sixth grade students in Massachusetts was sponsored by the Massachusetts Department of Public Health, Division of Drug and Alcohol Abuse Services, in cooperation with the Department of Education and the Governor's Alliance Against Drugs. In May and June of 1987, Alcohol and Health Research Services surveyed 942 students from 26 public schools in 12 communities in a study that investigates lifetime and current substance use, attitudes and opinions about substance use, and social and environmental influences on use. This same cohort of students will be surveyed each year for the next seven years until they complete high school to examine factors that contribute to or prevent the use and abuse of drugs and alcohol by adolescents.

The Year One responses of sixth grade students in the longitudinal study of adolescent substance abuse are very encouraging in terms of their attitudes toward and use of alcohol, cigarettes, and other drugs. Some of the major findings indicate that:

- * Two-thirds of the students (65%) reported that their class had received lessons on drug and alcohol prevention education.
- * Most students (88%) felt that classes about alcohol and drug use were useful.
- * Reported lifetime use of illicit drugs such as marijuana and inhalants was low: 94% of the students reported never using illicit drugs.
- * Virtually all of the students (99%) had never used cocaine or crack.
- * Almost all students (99%) stated that they had no intention of using illicit drugs in the next year.
- * Two-thirds (68%) of the students had never drunk alcohol. For those who had, the amount was usually a sip or taste in the presence of their parents.
- * Most students (90%) did not plan to drink alcohol in the next year.
- * Five out of six (84%) students had never smoked a cigarette.
- * Most students (93%) stated that they did not plan to smoke cigarettes in the next year.

1988/3

ALCOHOL & HEALTH RESEARCH SERVICES

867 BOYLSTON STREET, SIXTH FLOOR
BOSTON, MASSACHUSETTS 02116
617-268-8219
617-268-8271

Drug and Alcohol Use Trends Among Massachusetts Adolescents

Carol M. Williams, Ph.D.
Milly Krakow, Ph.D.
Dennis McCarty, Ph.D.*
Michael B. Hofmann, M.S.
Dina A. Traniello, M.P.H.

*Director of Policy and Planning
Division of Drug and Alcohol Abuse Services

February 24, 1988

Drug and Alcohol Use Trends
Among Massachusetts Adolescents

The 1987 cross-sectional study of drug and alcohol use among secondary school students was sponsored by the Massachusetts Executive Office of Human Services, Department of Public Health, Division of Drug and Alcohol Abuse Services. The study was conducted by Alcohol and Health Research Services during a three week period in October and November of 1987. Data were collected on 2283 randomly selected students from 100 schools in 74 communities across Massachusetts. A cross-sectional study of adolescent substance use takes place every three years to monitor the patterns of drug and alcohol use among Massachusetts youth. The following are preliminary findings.

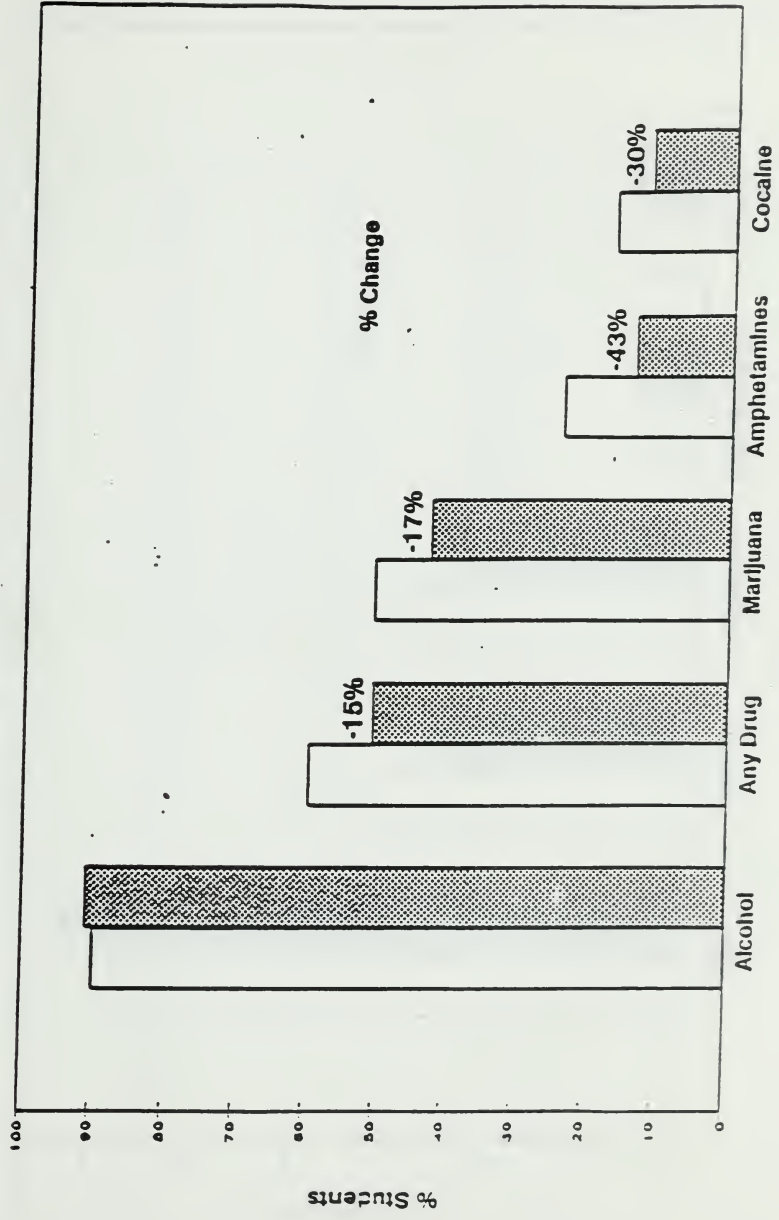
Among ninth through twelfth graders:

- * The overall lifetime and current use of illicit drugs decreased between 1984 and 1987. These declines were evident for all ages. Lifetime use dropped from 59.7% of the students in 1984 to 50.8% in 1987, reflecting a 15% (1-(50.8/59.7)) reduction in the use of illicit drugs. Current use declined from 31.5% of the students in 1984 to 24.5% in 1987, reflecting a 22% reduction in use.
- * Lifetime marijuana use dropped from 51.2% of the students in 1984 to 42.6% in 1987, a 17% reduction. Current marijuana use dropped from 27.7% in 1984 to 21.2% in 1987.
- * Lifetime cocaine use dropped from 17.4% of the students in 1984 to 12.2% in 1987, reflecting a 30% reduction in use. Current use dropped from 7.4% of the students in 1984 to 4.7% in 1987.
- * Lifetime amphetamine use decreased from 24.1% in 1984 to 13.8% in 1987, a 43% reduction. Current use decreased from 6.3% in 1984 to 3.8% in 1987.
- * Perceived difficulty in obtaining illicit drugs increased between 1984 and 1987. The perceived difficulty in obtaining marijuana increased from 17% in 1984 to 23% in 1987. The perceived difficulty in acquiring cocaine increased from 54% in 1984 to 59% in 1987.
- * Alcohol use remained stable; 91.1% of senior high students used alcohol at least once in their lifetime, and 60.5% reported use in the 30 days prior to the survey.
- * Lifetime cigarette used declined slightly from 68.7% in 1984 to 66.0% in 1987. Current use declined from 33.6% in 1984 to 31.8% in 1987.

Among seventh and eighth graders:

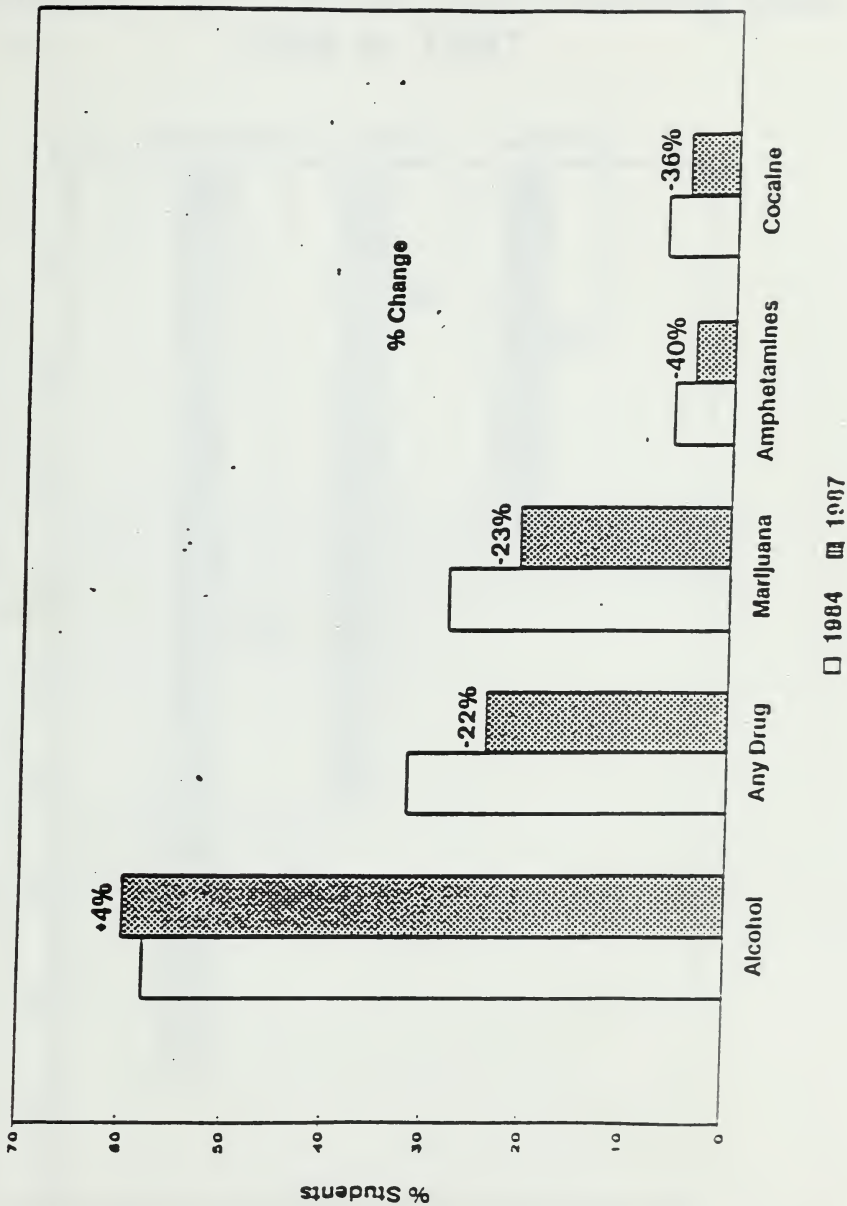
- * The level of alcohol and drug use is far below that of senior high students. Seventh and eighth graders showed declines in all illicit drug use between 1984 and 1987.

Massachusetts High School Students Drug and Alcohol Use Lifetime (in %) 1984 versus 1987

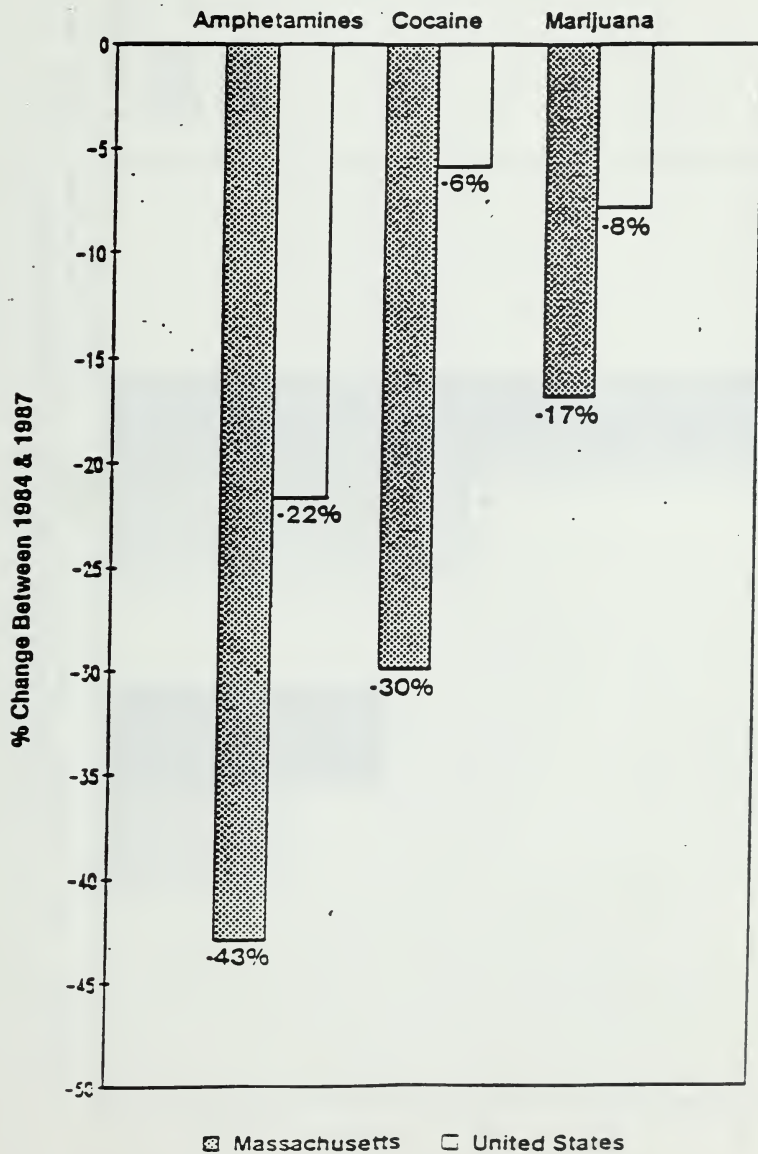


□ 1984 ■ 1987

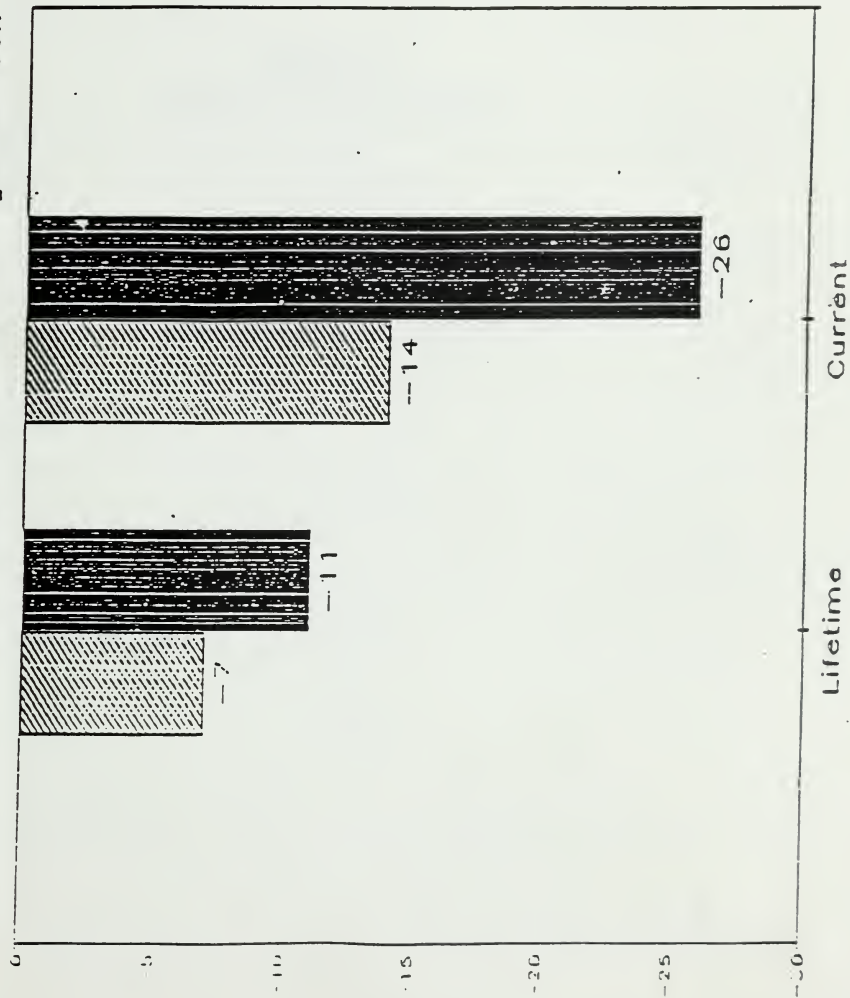
Massachusetts High School Students Drug and Alcohol Use Past Month (in %) 1984 versus 1987



United States versus Massachusetts Decline In 12th Grade Lifetime Drug Use 1984 to 1987



United States Versus Massachusetts: Lifetime and Current Use of Any Illicit Drugs between 1984 and 1987



Appendix 3

Data on Homeless Clients

HEALTH AND ADDICTIONS RESEARCH, INC.

867 BOYLSTON STREET, SIXTH FLOOR
BOSTON, MASSACHUSETTS 02118
617-268-9219
617-268-9271

MEMORANDUM

TO: David Mulligan
FROM: Michael Hofmann
DATE: July 25, 1988
RE: Homeless clients in substance abuse treatment

I have analyzed data from the Division's MIS database comparing homeless clients with those who are at risk of homelessness and those residing in regular housing. Clients were categorized based on their housing situation upon admission to treatment as follows:

- a) Homeless - living on the streets, in a shelter, or in a mission;
- b) At-risk - living in a rooming house, a boarding house, or other group home;
- c) Regularly housed - living in a house or an apartment.

The attached tables provide a summary of the data.

Table 1 lists the treatment modalities that are most likely to be used by the three groups of clients. The remaining tables summarize the data for clients admitted to detoxification (alcohol or drug), residential (transitional care, recovery home, or therapeutic community), and chronic care (Bridgewater ATU) treatment. These modalities accounted for 90% of the homeless clients admitted to treatment during FY '88 (see Table 1). Tables 2, 3, and 4 contrast the three groups on demographics, family and financial resources, and treatment-related information (respectively).

SUMMARY

1. Demographics

- a) Homeless clients are more likely to be male (93% vs. 80%), white (85% vs. 79%), and older (avg. age = 40 vs. 35) than regularly housed clients.
- b) The age difference is accounted for by a higher proportion of homeless clients who are 40 years of age or older (44% vs. 27%) and a smaller proportion who are less than 30 (19% vs. 35%).

SUMMARY (Cont.)

2. Family and Financial Resources

- a) The percentage of homeless clients who have been married is equal to that for regularly housed clients (51%); however, only 4% of the homeless are still married compared to 15% of those with regular housing.
- b) The homeless are much less likely than regularly housed clients to be working (7% vs. 29%) and more likely to report that they are unable to work due to disability (49% vs. 33%).
- c) More than three out of four (77%) homeless clients have no health insurance and only three in ten (30%) are receiving some form of public assistance.

3. Treatment-related Data

- a) Only half of the homeless clients are self-referred or referred by other individuals compared to two-thirds of the regularly housed clients. The difference is accounted for by referrals from other substance abuse treatment agencies and from shelters.
- b) Alcohol appears to be the primary substance of use among the homeless whereas clients with regular housing are more likely to report multiple substance use. This notion is supported by data on prior detoxification admissions: more homeless clients have been admitted to alcohol detoxification in the past year and less have been in drug detoxification.

4. At-risk Clients

- a) At-risk clients typically have figures that fall between those for homeless and regularly housed clients. In most cases, they are more similar to homeless than to regularly housed clients.
- b) The exceptions to the above are the data for health insurance and public assistance. At-risk clients are more likely than either of the other groups to receive some form of public support - 31% receive either Medicaid or Medicare and 44% receive some form of public welfare.

Appendix 4
Summary of Merger Legislation

The Merger Legislation

Currently, services for the prevention and treatment of alcoholism and drug abuse in Massachusetts are separately governed by M.G.L. Chapters 111B and 111E. These statutes delegate the responsibility for planning, regulation, and funding of prevention and treatment services to separate state authorities. Chapter 111B regulates alcoholism treatment services through a Division of Alcoholism, and Chapter 111E controls drug abuse treatment services through a Division of Drug Rehabilitation, each located within the Department of Public Health.

Treatment agencies increasingly report that many clients have significant problems with both alcohol and drug abuse and that most agencies presently treat both addictions. Consequently, agencies that may formerly have treated only alcoholism or only drug abuse are now providing both services, or have merged with nearby agencies that formerly provided the complementary service, to create full-service alcoholism and drug abuse treatment agencies. The increase in poly-addicted clients and the development of substance abuse treatment agencies has led to a merger of the state associations for alcoholism and drug abuse treatment services.

Although the growing interdependence of alcoholism and drug abuse treatment services is clear, the controlling legislation continues to reflect segregated services and requires redundant procedures and licenses. The repeal of Chapters 111B and 111E and the creation of a new chapter that would incorporate the mandates of the two formally recognizes the changes in the field of alcoholism and drug abuse and creates a single state authority for licensing, regulating, and funding of treatment and prevention services for alcohol abuse, alcoholism, drug abuse, and drug addiction. The authority will be known as the Division of Substance Abuse Services and will be located within the Department of Public Health. The critical and unique elements of each chapter are retained while duplicative or unnecessary sections are deleted.

The creation of a consolidated chapter will clarify the Department's authority to license or approve treatment services. Authority to regulate hospital-based alcoholism and drug abuse treatment services is inconsistent between the two existing chapters and, consequently, ambiguous. The proposed bill authorizes licensure or approval of all substance abuse treatment services and does not exclude hospitals. The authority to review services regardless of location ensures that all substance abuse treatment services are regulated similarly and consistently.

The bill also consolidates existing language regarding licensure of specific treatment modalities. Chapter 111B evolved over several years. Historically, under Chapter 111B, licensure authority for detoxification, recovery homes (halfway houses), and outpatient services was granted as each new modality was added to the continuum of treatment services. The consolidated language in the proposed legislation is broad enough to permit licensure of all existing modalities as well as other forms of service that may emerge. The new legislation, for example, proposes an approval process for alternative ambulatory services. The approval signifies that the programs have been reviewed and meet the Department's standards for operation. This will insure that a broad range of professional and peer support services are available to help men and women recover from alcoholism and drug addiction.

Consolidation of alcohol and drug abuse services is reflected in changes in language throughout the legislation and through the addition of several definitions. "Alcohol abuse", "drug abuse" and "substance abuse" are defined. Substance abuse is defined as the abuse of alcohol or other drugs. The definition of "facility" has been rewritten to apply to both alcoholism and drug abuse treatment programs.

No substantive changes are proposed in the sections controlling the decriminalization of public intoxication, emergency treatment of incapacitated persons, and treatment alternatives for individuals charged with drug-related criminal offenses. The wording of some sections has been modified to reduce the Department's implicit role in criminal justice proceedings and to streamline reporting requirements.

The proposed legislation includes the creation of a Governor's advisory council on substance abuse. Appointed members of the existing alcoholism and drug abuse advisory boards will be appointed to this council.

DIVISION OF SUBSTANCE ABUSE SERVICES

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Kathy McLaughlin
Ceil Serosik
Johna Trasa

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Ted Blenk
Ruth Foretot
Carlootta James
Wrighta Manroove
Arthur Stolor
Phil Tintobhl
Ruth Ford
Rhode Greenetsala
David Stewart
Silva Yavares
John Walsh
Rose Lam
Robia Woolridge
Diet Christman

B. PROGRAM MANAGEMENT UNIT

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David Brown
Maria Contreras
John Dunphy
Ralph Edwards
Ray Kohnski
Kavita Weir
Beth Rosenberg
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Nancy Murphy

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Erice Pledade
Roberta Unger
Joe Vellely
Liaide Jo Docter
Phil Carrossa
Kim Burnatt
Cynthia Chase-McNall
Kim Madank
Kathleen Herz
Judy Robbins
Gerry Romano
Bella Rosner
Carol Winton
Milton Wolk

D. Student Interns

Edwin Andrawa
Susan Carroll
Lisa Dickson
Alisa Lincoln
Melissa Swansfelt

Data on Minority Utilization

Appendix 5

The Commonwealth of Massachusetts

*Executive Office of Human Services
Department of Public Health*

Division of

Alcoholism & Drug Rehabilitation

150 Somerset Street

Boston 02111

**Report on Minority Admissions:
Service Utilization Trends**

JANUARY 26, 1989

**Dennis McCarty
Ralph Edwards
Kim Jaffee**



**Michael S. Dukakis
Governor
Philip W. Johnson
Secretary
Deborah Provost-Sum, M.D.
Commissioner**

The Minority Alcoholism Task Force and the Minority Drug Abuse Task Force were formed by the Division of Substance Abuse Services in 1985 and 1986 to develop estimates of the proportion of clients admitted to the Division of Substance Abuse's alcoholism and drug treatment services that are expected to be black, Hispanic or other ethnic minorities. Estimates were based on the assumptions that rates of alcoholism and drug abuse are similar among blacks, Hispanics and whites, and that most clients in publicly-funded treatment programs have an annual income below 150% of the federally defined poverty level. The distribution of blacks, Hispanics, whites and other minorities in the adult population with an annual income below 150% of poverty was used to estimate the proportion of minority and non-minority clients expected to enter publicly-funded alcohol and drug treatment programs. Thus, two separate need estimates were developed -- the alcohol service need and drug service need for blacks, Hispanics, whites and other minorities. Need estimates for Portuguese adults were not available, although admission rates are reviewed.

In 1988, an estimate of the need for substance abuse services was necessary because outpatient programs were serving both alcohol and drug clients as part of the Division's merger of alcohol and drug services. The substance abuse need estimate was developed by taking the mean of the separate alcohol and drug need estimates and weighting them by the relative proportion of drug admissions. Outpatient programs affected by the merger of drug and alcohol treatment use the substance abuse need estimate to compare outpatient service need to actual admissions for fiscal year 1987 and 1988.

MIS data from clients admitted to programs funded by the Division of Substance Abuse between fiscal years 1984 and 1988 were reviewed to determine current admissions and trends of minorities to publicly-funded alcohol and drug treatment services by modality. The actual admissions are compared to the service need estimates to provide indications of over or underutilization of treatment services among ethnic or racial groups.

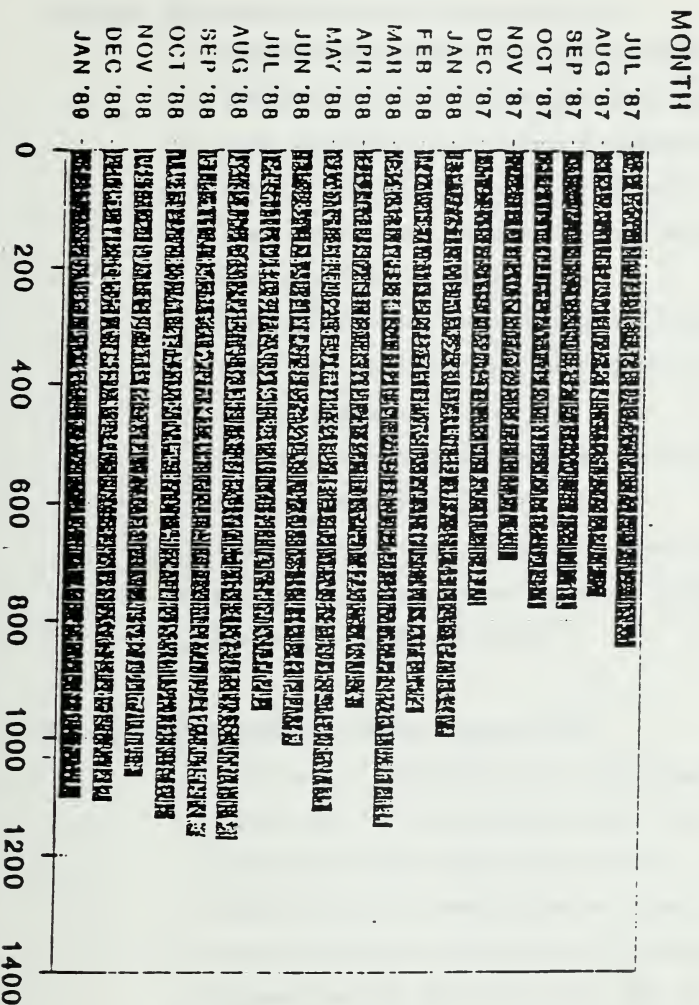
Table 1 through Table 9 summarize admission levels for the original DOA regions. Need estimates for the new substance abuse regions are reported in Tables 10 (alcohol), 11 (drug), and 12 (substance abuse). FY'88 admission levels and service need estimates are reported for the new regions in Table 13 through Table 18. Figure 1 illustrates the growth in services following the implementation of service needs.

Summary of Service Utilization Trends

Statewide Admissions Rates (Table 1)

- * During fiscal years 1984 through 1988 black utilization exceeded the estimated service need for almost all modalities (except methadone in FY'86 and FY'87).
- * All alcohol treatment modalities were underutilized by Hispanics, although a steady increase in utilization was evident, particularly in halfway houses.
- * Hispanic utilization in drug outpatient and therapeutic communities exceeded the service need.
- * A steady increase occurred in utilization of methadone services and drug detox by Hispanics since 1985.
- * Between 1986 and 1988 utilization of methadone services by whites proportionately decreased (15%), while minority utilization increased (blacks, 7% and Hispanics, 2%).

IV DRUG CLIENTS ADMITTED DURING FY '88 THROUGH JANUARY '89 BY MONTH



Original DOA Regions Admission Rates (Tables 2-9)

- Methadone admissions for blacks not only exceeded need estimates but greatly increased since 1985 in HSA 2 and 4B.
- Black admissions to therapeutic communities almost doubled between 1986 and 1988 in HSA 1, 4B and 6.
- There was a steady increase in black admissions to halfway houses in HSA's 3, 4A and 6.
- Although Hispanics underutilized the alcohol modalities, admissions are increasing, particularly for halfway houses in most regions.
- Hispanics underutilized methadone services in HSA 4B, although admissions did increase.
- Substance abuse need estimates in outpatient programs were nearly met or exceeded by blacks and Hispanics in all regions for FY'87 and FY'88.

New 1988 Region Admission Rates (Tables 13-18)

- Blacks met or exceeded service need estimates in all new regions and for all modalities except halfway house and alcohol detox in the Metro South region.
- Alcohol detox was underutilized by Hispanics statewide.
- Halfway houses were underutilized by Hispanics in most regions (Central, NE, Metro North, and SE).
- All treatment modalities in the Metro North region are underutilized by Hispanics.

Table 1

Comparison of Statewide Admissions and Service Need
by Fiscal Year for Race and Treatment Modality

Modality Period	Black		Hispanic		Portuguese		White		Other	
	N	%	N	%	N	%	N	%	N	%
Alcohol Service Need	-	6.9	-	5.5	-	NA	-	85.7	-	1.9
Alcohol Outpatient										
Actual '84	1,345	9.2	442	3.0	198	1.4	12,501	85.8	83	0.6
Actual '85	1,495	8.7	730	4.3	183	1.1	14,542	85.1	149	0.9
Actual '86	1,492	8.1	700	3.8	253	1.4	15,718	85.8	166	0.9
Actual '87	1,528	8.6	628	3.5	253	1.4	15,176	85.4	177	1.0
Halfway House										
Actual '84	544	9.6	93	1.6	42	0.7	4,969	87.4	38	0.7
Actual '85	525	9.0	163	2.8	45	0.8	5,084	86.7	48	0.8
Actual '86	629	10.0	211	3.4	54	0.9	5,340	85.1	40	0.6
Actual '87	487	10.4	175	3.5	55	1.1	3,911	83.7	38	0.8
Actual '88	533	11.9	198	4.4	93	2.0	3,556	80.0	65	1.4
Alcohol Detoxification										
Actual '85	3,560	8.7	1,026	2.5	177	0.4	35,753	87.5	359	0.9
Actual '86	3,467	9.5	1,085	3.0	250	0.7	31,489	85.9	371	1.0
Actual '87	3,395	9.8	1,092	3.1	235	0.6	29,428	85.3	342	0.9
Actual '88	3,111	10.2	1,017	3.3	237	0.7	25,366	83.8	524	1.7
Drug Service Need	-	9.8	-	7.8	-	NA	-	80.6	-	1.8
Drug Outpatient										
Actual '86	814	10.8	772	10.2	-	NA	5,857	77.7	95	1.2
Actual '87	1,234	14.8	904	10.9	-	NA	6,639	72.8	113	1.3
Methadone Services										
Actual '86	130	7.6	119	7.0	-	NA	1,410	82.8	43	2.5
Actual '87	138	8.9	135	8.8	-	NA	1,248	80.8	23	1.5
Actual '88	264	15.0	174	9.8	94	5.3	1,759	67.9	31	1.7
Therapeutic Community										
Actual '86	120	12.3	102	10.4	-	NA	746	76.5	6	0.6
Actual '87	153	15.8	82	8.4	-	NA	726	75.1	5	0.5
Actual '88	167	25.7	58	8.9	8	1.2	404	62.2	12	1.8
Drug Detox										
Actual '86	246	16.9	107	7.3	-	NA	1,074	74.1	22	1.5
Actual '87	266	17.4	116	7.6	-	NA	1,112	73.0	29	1.9
Actual '88	263	14.9	164	9.3	50	2.8	1,763	71.7	22	1.2
Substance Abuse Need	-	7.8	-	6.2	-	NA	-	84.2	-	1.9
Outpatient										
Actual '87	2	10.6	1,532	5.9	-	NA	21,215	81.4	290	1.1
Actual '88	7	11.1	1,653	6.9	386	1.6	18,600	78.6	381	1.6

TABLE 10
ESTIMATED ADULTS BELOW
150% OF POVERTY FOR NEW REGIONS
(ALCOHOL SERVICE NEED)

Region	Black	Latino	White	Other
Western	6.7	8.4	84.1	0.9
Central	2.0	4.6	92.5	0.9
North East	1.3	5.2	92.5	1.0
Metro North	6.8	6.2	83.7	3.3
Metro South	26.2	8.0	62.7	3.1
South East	1.9	2.2	93.5	2.4
State Total	7.0	5.6	85.6	1.9

TABLE 11
ESTIMATED DRUG SERVICE NEEDS
FOR NEW REGIONS

Region	Black	Latino	White	Other
Western	9.3	11.7	78.2	0.8
Central	2.8	6.7	89.6	0.9
Northeast	1.9	7.5	89.6	0.9
Metro North	9.5	8.7	78.6	3.1
Metro South	33.6	10.3	53.5	2.6
Southeast	2.8	3.3	91.6	2.3
State Total	9.8	7.9	80.5	1.8

Notes: Black and Latino population estimates are weighted by a factor of 1.5 to adjust for the greater prevalence of heroin abuse in these communities. The population estimates for Whites and others are weighted by 1.0. The weighted population estimates are totaled to estimate the population at risk for drug treatment. The proportion of each group in the estimated drug treatment population represents the service need estimate for drug abuse treatment. For example, the state wide drug estimate is computed by multiplying the Latino (31,944) and Black (39,914) estimates of adults below 150% of poverty by 1.5 and the estimates for Whites (490,146) and Others (10,783) by 1.0; the products are summed and totaled: weighted population = $608,722 = (31,944 \times 1.5) + (39,918 \times 1.5) + (490,146 \times 1.0) + (10,783 \times 1.0) = 47,916 + 59,877 + 490,146 + 10,783$. The need estimate is each group's proportion of the estimated population at risk:

Latino = $7.9 = 47,916/608,722$;
 Black = $9.8 = 59,877/608,722$;
 White = $80.5 = 490,146/608,722$;
 Other = $1.8 = 10,783/608,722$.

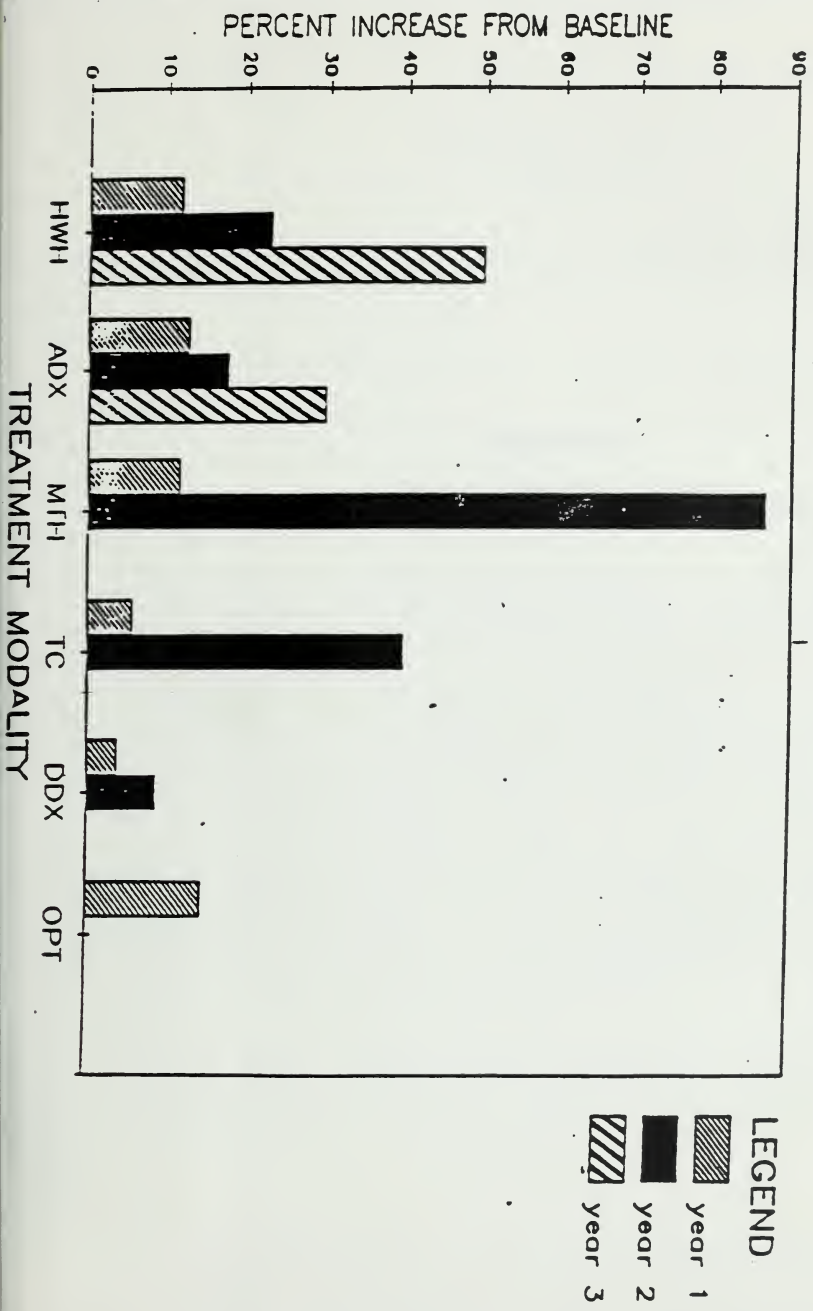
TABLE 12
ESTIMATED SUBSTANCE ABUSE SERVICE NEEDS
FOR NEW REGIONS

Region	Black	Latino	White	Other
Western	7.5	9.4	82.3	0.9
Central	2.2	5.2	91.7	0.9
Northeast	1.5	5.9	91.7	1.0
Metro North	7.6	7.0	82.1	3.3
Metro South	28.6	8.7	59.7	2.9
Southeast	2.1	2.5	93.0	2.4
State Total	7.8	6.3	84.0	1.8

Notes: Black and Latino population estimates are weighted by a factor of 1.145 to adjust for the greater prevalence of heroin abuse in these communities. The population estimates for Whites and others are weighted by 1.0. The weighted population estimates are totaled to estimate the population at risk for drug treatment. The proportion of each group in the estimated drug treatment population represents the service need estimate for drug abuse treatment. For example, the state wide drug estimate is computed by multiplying the Latino (31,944) and Black (39,914) estimates of adults below 150% of poverty by 1.145 and the estimates for Whites (490,146) and Others (10,783) by 1.0; the products are summed and totaled: weighted population = $583,211 = (31,944 \times 1.145) + (39,918 \times 1.145) + (490,146 \times 1.0) + (10,783 \times 1.0) = 36,576 + 45,706 + 490,146 + 10,783$. The need estimate is each group's proportion of the estimated population at risk:

Latino = $6.3 = 36,576/583,211$;
Black = $7.8 = 45,706/583,211$;
White = $84.0 = 490,146/583,211$;
Other = $1.8 = 10,783/583,211$.

INCREASED MINORITY SERVICES BY TREATMENT MODALITY BY YEARS SINCE BASELINE



Appendix 6

Data on Disabled Clients

HEALTH AND ADDICTIONS RESEARCH, INC.

867 BOYLSTON STREET, SIXTH FLOOR
BOSTON, MASSACHUSETTS 02116
617-268-8219
617-268-8271

Memo

TO: Roberta Unger

FROM: Mike Hofmann

DATE: May 26, 1989

RE: Severely impaired clients in substance abuse treatment

The attached tables summarize the characteristics of severely impaired clients admitted to substance abuse treatment during the first 3 quarters of both FY 1988 and FY 1989. The tables also give comparable figures for FY 1989 clients with no reported impairments or only slight impairments.

Among those clients with reported severe visual impairment, 12% (or approximately 30 clients each year) were admitted to first or second offender drunk driving programs. Since severe visual impairment is defined as "no usable vision" on the MIS forms, these admissions represent inaccurate reporting. An additional 216 admissions in FY 1988 and 166 in FY 1989 were reported with moderate visual impairment (defined as "legally blind, but having some minimal vision" on the MIS forms). These inconsistencies bring into question the validity of the responses to the impairment questions. It would be reasonable to assume that the clients who were classified as severely impaired have some level of impairment, but the degree of impairment is not reliably reported. While the client reports may not be consistent with the impairment criteria as defined on the MIS forms, the figures shown in the tables should provide a profile of the most severely impaired clients in the treatment system and highlight differences between the most impaired clients and those with little or no impairment.

Table 1 shows information collected upon admission to treatment (MIS interview Form 1). Table 2 reports information collected on the discharge portion of the MIS interview (Form 2). Since Form 2 is not submitted until the client is discharged from the program, Table 2 includes data for only those clients who have been discharged from treatment.

SUMMARY

- * A higher percentage of impaired clients were admitted to residential treatment in FY 1989 for all types of impairment. The increase for mobility and developmentally impaired clients was mostly due to the increase in admissions to Bridgewater. Admissions to detox programs decreased and outpatient admissions remained stable.

SUMMARY (continued)

- * Referrals from within the substance abuse treatment system fell for visually impaired clients while criminal justice system referrals rose.
- * Use of heroin and cocaine was up during the first 3 quarters of FY 1989 for severely impaired clients. Conversely, alcohol use was down among clients with hearing and mobility impairments.
- * The proportion of impaired clients (with the exception of mobility impaired clients) who reported alcohol as their substance of choice was lower in FY 1989 than in FY 1988.
- * Referrals to outpatient substance abuse treatment were higher for impaired clients in FY 1989.

Compared to clients with no reported impairment or only slight impairment, severely impaired clients were more likely to:

- * be admitted to residential treatment,
- * be male,
- * have used alcohol in the month prior to admission,
- * report alcohol as their substance of choice,
- * complete treatment, and
- * be referred to outpatient substance abuse treatment.

Appendix 7

List of Training Events and Conferences

CALENDAR OF EVENTS

DATE	EVENT	LOCATION	SPONSORS
10/19/88	"Aging With Dignity" Conference on the Elderly	Westboro	Executive Office of Human Services Executive Office of Elder Affairs Governors Advisory Council on Alcohol and Drugs Alcoholism and Drug Abuse Association Division
11/4/88	"Providing Health Care to Homeless Individuals and Families" Conference on the Homeless	Worcester	Massachusetts Shelter Providers Association Division
11/10/88	"Building on Our Strengths: Networking in the 1990's" Division/Provider Network Day	Bordborough	Division
11/13-11/20	Alcohol and Drug Abuse: Women's Awareness Week	Boston	Women's Task Force Division
11/16/88	"Women and Substance Abuse: Understanding the Myths and Realities" Conference on Women	Bentley Col. Nightingale, Inc., Spofford Hall Waltham	Alcoholism and Drug Abuse Assoc. Division
11/21/88	Youth Intervention Conference	Westboro	Division
12/8/88	A Multidisciplinary Approach to Assessment and Treatment Conference	Danvers	Adelstein Gilbert Hospital, Division Danvers State Hospital, DMH MUNA, Inc., Community Program Innovation
12/28/88	Opening Ceremony for Chronic Substance Abusing Women Residential Program	Westbury	Division
1/10/89	Division Staff and Clients Meeting	State Lab	Division
1/10/89	Homeless and AIDS Planning Group		

1/11/89	Empowering the Community Blacks Against Drunk Driving Training Program	Lesley Col.	MBAC and Division
1/24	Homelessness, Alcohol and Other Drugs Presentation	University of California, San Diego	
2/9	"Special Issues for Substance Abuse Treatment Professionals: Gay Men and Lesbians Affected by Substance Abuse"	Worcester	Spofford House, Adcare House, Spec House, Hope House, Victory House, NORCAP, ENOBLR Corp., Division
3/9	"Pediatric AIDS Planning: A Family Centered Action"		NE Pediatric AIDS Conference planned and presented conference
3/27	Regional Conference on Cultural Sensitive Impact and Substance Abuse"	Worcester	AUC, OSAP, Division
3/28	2nd Annual Massachusetts Primary Care Conference		Mass. League of Community Health Centers, Dept. of Elder Affairs, Division
3/31	Substance Abuse Among the Homeless Conference	Salem	Commonwealth of Mass., Division, Department of Public Welfare, Mass Shelter Providers Assoc.
4/4-25	Determining the Future Five Regional Public Forums	North Hampton Brookton Roxbury Lowell Worcester	Department of Public Health
4/11	"Effective Responses to Alcohol, Drugs and Other Health Issues" Conference	Bentley Col.	Governor's Alliance Against Drugs Dept. of Education, Spofford Hall Division
4/14, 21, 28	Substance Abuse Among the Homeless A Series of Workshops	Worcester Brookton Boston	Commonwealth of Massachusetts, Dept. of Public Welfare, Mass. Shelter Provider's Assoc, Division
5/2	Tuberculosis and HIV Infection	State Lab	

5/4-25	DSS Supervisory Training Sessions		DSS/Division
5/5, 19	HIV Infection and the Homeless Training Programs	Salem Worcester	
5/7	"Towards A New Decade: Responsible Care in the 90's"	Boston	Volunteers of America Presentation
5/10	Drug Detoxification: Suggested Strategies for Physicians Workshops		
5/11	Methadone Treatment in the 90's Conference	Boston	Habit Management, Inc., New Bedford Area Center for Human Services, Inc. Division
5/15	FORUM-Alcohol and Drug Free Housing	Boston	Division, ADAA, Stabilization Proj
5/17	Alternative Approaches to Health Education in the Haitian Community Workshop		
5/18	Confronting Reality: Serving Women in Conflict with the Law	Burlington	Northeastern University, College of Criminal Justice
5/25	Acupuncture Workshop	Boston	Division
6/1, 8	DSS Supervisory Training	Boston	Division/DSS
6/2, 9	HIV Infection and the Homeless Training Program	Boston Brockton	Division/DPW
6/6	A Special Symposium on Integrating Primary Health Care and Alcohol and Other Drug Abuse and Mental Health Services for the Homeless	Scottsdale Arizona	NIAA, NIH, Bureau of Health Care Delivery and Assistance, National Association of Community Health Ct
6/12	Developing Substance Abuse Treatment Services-Community Based Outpatient Services Workshop	State Lab	Division
6/14	"Coalition Treatment" Conference	Pine Manor Col.	Division

DEPARTMENT OF PUBLIC HEALTH
DIVISION OF SUBSTANCE ABUSE SERVICES
Description of Training Programs for FY89
May 19, 1989

Submitted by Roberta Unger
Coordinator of Training Services

INTERVENTION AND PREVENTION

Youth Intervention Training
School Based Intervention Conference (May, 1989)

Youth Intervention programs developed out of a need to reach youth experiencing alcohol and drug related problems. Growing demand from schools, other youth services agencies and the juvenile court system requires that staff working in this new modality increase their skill level in order to respond to specific needs of adolescents in these settings.

Prevention Center Staff Training

Recent research and evaluation in the alcohol and drug abuse prevention field has established theoretical models from which promising intervention strategies have developed. Related concerns about violence and AIDS also place new demands on prevention center staff. Training on new strategies and approaches is needed in order for alcohol and drug prevention efforts to continue to impact the substance abuse problem in our schools and communities. (Nov. 88 - Aug. 89)

Deans of Students Conference

Alcohol abuse is the most widespread of student behavioral and social problems on college campuses. The Governor's Advisory Council on Alcohol and Drugs, in conjunction with a task force of college and university Deans of Students, will offer a one day seminar for Deans and other relevant personnel from 120 Massachusetts universities and colleges to promote the implementation of alcohol and drug abuse prevention programs and policies in their institutions. (To be held in Fall, 89)

SUBSTANCE ABUSE AND AIDS

Services Provider AIDS Training
High Risk Youth and AIDS Prevention
Homelessness and AIDS

The high risk and growing incidence of HIV infection and AIDS among IV and other drug abusers makes critical the need for training of substance abuse and other human services providers in these complex issues. Training is used to a) clarify the role and responsibilities of programs vis a vis AIDS, b) reduce staff fears and anxieties concerning AIDS transmission by providing accurate, up-to-date information and facilitating discussion, and c) prepare counselors, nurses and others to educate and counsel clients risk reduction strategies, HIV testing, living with AIDS, and death and dying.

DRUG ABUSE TREATMENT

Gay and Lesbian Conference

Alcohol and drug abuse is an often invisible problem among gay and lesbian men and women. This conference will provide an opportunity for counselors, supervisors and program directors to expand their knowledge of Gay and Lesbian concerns in order to increase access to services, ensure quality of care, and facilitate client recovery. The cost of this conference will be covered entirely by registration fees and sponsorship by several area treatment programs. (November, 1988) --

Methadone Conference

The Division of Alcoholism and Drug Rehabilitation is expanding methadone services to combat the spread of AIDS by IV drug users. This one-day conference is targeted at providers of drug rehabilitation to this high risk population. This conference is an essential step in the training of personnel in the complex skills necessary to retain these clients in treatment. Curtailing the spread of AIDS in this population is one of the major goals of this conference. (May, 1989)

Cocaine Conference

Substance abuse treatment providers and other human service professionals are experiencing a critical need for in-depth training on effective techniques for treating cocaine addiction. Cocaine is directly related to the transmission of the AIDS virus. Individuals who inject cocaine are at very high risk of contracting the HIV virus due to a typical cocaine injection pattern of 5 to 8 times per day. (A rate at least double the average daily heroin injection rate.) Increased sexual activity associated with heavy cocaine use also significantly increases the risk of HIV transmission. (June, 1989)

Black Children of Alcohol and Drug Addicted Parents

Many black youth come from alcohol and drug abusing families and reside in communities where substance abuse is prevalent. Clinicians who work with black youth require training which fosters culturally specific skills for intervention. Eighteen hours of intensive training will be provided by a substance abuse training expert who has developed a culturally relevant clinical training model on this subject. (Postponed to FY90)

Detoxification Physicians and Nurses Seminar

Increasing prevalence of poly-drug abuse among substance abuse treatment clients requires expanded expertise in management of drug withdrawal, intervention and treatment of opiate and cocaine addiction and approaches for safe treatment of drug withdrawal in pregnant women. Part II of a two part seminar for medical staff working in treatment settings. (May 1989)

Developing Quality Substance Abuse Services:
Hospital Based Inpatient Rehabilitation
Community -Based Outpatient Services

This informational session for hospitals and community human services provider agencies will focus on the development and operation of effective substance abuse treatment services within hospital and community agency settings. (June 1989)

Alcohol and Drug Abuse: Public Policy Conference

This meeting of prominent professionals from the academic, treatment and research arenas will focus on current trends and policy issues relating to public health approaches for prevention of alcohol and other drug abuse. (Fall, 1989)

INTERAGENCY TRAINING

Department of Social Services/Office for Children Trainings

Counselors who work with abusive and neglecting families are often ill equipped to deal with the high prevalence of alcohol and drug abuse in these families. This series of trainings will enable supervisory personnel at the Department of Social Services to:

- 1) Instruct direct service personnel in the assessment, early intervention, and referral for substance abuse treatment; and
- 2) Develop efficient referral mechanisms to insure timely delivery of appropriate services.

The training of DSS personnel in substance abuse procedures is essential to ensure that the causes of abuse and neglect are addressed. Many of the high social costs of child abuse (special education, mental health treatment, incarceration etc.) may be avoidable if timely effective substance services are delivered to this population. (Feb. - Sept, 1989)

Substance Abuse and Physical Disability

As part of a three year initiative to improve access to substance abuse services for individuals with hearing, mobility and vision impairments, the Division has worked closely with the Mass. Rehabilitation Commission, and the Commissions for the Blind and Deaf and Hard of Hearing to deliver awareness training/networking sessions for the agencies' staff and provider programs. A series of three sessions were held in each region during FY89. Follow-up training, to focus on clinical and program accommodation issues, is planned for FY90.

Dual Diagnosis/DMH

Intensive training is needed to enable substance abuse and mental health counselors to develop clinical skills in recognizing and counseling clients experiencing concurrent mental illness and substance abuse problems. The training will consist of six three hour workshops conducted by a clinician with expertise in mental illness and substance abuse diagnosis, intervention and treatment. The Division will co-sponsor this training series with the Department of Mental Health in Northeastern MA/Region III; replication statewide in FY90).

Homeless Shelters/Department of Public Welfare

Staff of individual and family shelters are increasingly concerned about the incidence of substance and HIV/AIDS infection among adult and adolescent shelter guests. Training on identification, intervention and referral of guests with substance abuse and HIV related problems will enable shelter providers to better meet the needs of the homeless population they serve. (May - June, 1989)

Developing Organizational Capacity to Address Alcohol and Drug Abuse

This one-day meeting will provide an opportunity for state agency administrators to discuss the development of agency policies regarding alcohol and other drug use, abuse prevention, intervention and treatment for staff and clients. (Fall, 1989)

SCHOLARSHIP PROGRAMS

1989 NEW ENGLAND SCHOOL OF ADDICTION STUDIES

The Division has awarded 110 scholarships to the 1989 New England School of Addiction Studies to be held June 18 - 23 at Colby College in Waterville, Maine. This annual, week long program provides intensive training on clinical topics related to alcohol and drug abuse prevention, intervention and treatment.

This year's curriculum includes basic and advanced track courses and specialized tracks will focus on the following topics:

- 1) Clinical strategies and treatment skill building
- 2) Group Work with Substance Abusers
- 3) Adolescent Substance Abuse

In addition to offering 60 scholarships to individuals working in substance abuse treatment and prevention programs, the Division this year has granted a limited number of scholarships to staff of other state agencies to improve their ability to identify and prevent alcohol and other drug problems among their clients.

1989 BLACK ALCOHOLISM INSTITUTE

The Division has awarded 39 scholarships for substance abuse services providers to attend the Black Alcoholism Institute at Howard University, Washington, D.C., June 4th - 9th. The BAI is sponsored by the National Black Alcoholism Council, Inc. and Howard University School of Social Work. The curriculum includes courses on prevention, treatment, and rehabilitation of substance abusers within an Afro-centric context.

Appendix 8

List of Research and Evaluation Reports

List of Reports Prepared by
Health and Addictions Research, Inc.
(F. Y. 1989)

ADOLESCENTS

Cigarette Smoking Among Adolescents (Williams, Krakow, Hofmann, Traniello, Breen)	September, 1988
Massachusetts Cross-Sectional Studies of Adolescent Drug and Alcohol Use (Williams, Krakow, Traniello, Hofmann, McCarty)	November, 1988
Drug and Alcohol Use Among Massachusetts Adolescents: Results from Years One and Two of a Seven Year Longitudinal Study (Williams, Krakow, Hofmann, Traniello, McCarty)	November 17, 1988
Alcohol Use Trends Among Massachusetts Adolescents: 1984-1987 (Williams, Krakow, Hofmann, Traniello, Breen, McCarty)	February, 1989
Drug Use Trends Among Massachusetts Adolescents: 1984-1987 (Williams, Krakow, Hofmann, Traniello, Breen, McCarty)	March, 1989

CIVIL COMMITMENT - SECTION 35

The Civil Commitment Process: An Evaluation of the Women's Substance Abuse Unit at the Massachusetts Osteopathic Hospital (Krakow, Williams, Ames)	October, 1988
Client Characteristics of Women and Men Civilly Committed for Substance Abuse Treatment to Massachusetts Osteopathic Hospital and MCI Bridgewater Addictions Center (Breen, Williams, Krakow)	October, 1988

DAE

An Assessment of DAE Programs for First Offenders Under the Age of 21 (Krakow, Daley)	July, 1988
Evaluation of the 15 and 40 Hour DAE Program Models: A Progress Report (Krakow, Jaffee)	August, 1988
Drunken Driver Education and Rehabilitation During FY '88 (Krakow, Jaffee, McCarty)	September, 1988
The Impact on the Court System of Programmatic and Legislative Changes for Drunken Drivers (Traniello, Krakow, Williams, Breen)	January, 1989
Accuracy of Scoring and Categorization of DWI Offenders Using the Mortimer-Filkins	January, 1989

<u>MIS</u>	
Description of Homeless Clients in Boston Agencies (Hofmann)	July 15, 1988
Hometowns & Medicaid Status of Methadone Clients (Hofmann)	July 20, 1988
Homeless Clients in Substance Abuse Treatment (Hofmann)	July 25, 1988
Additional Information on Methadone Clients Receiving General Relief (Hofmann)	July 25, 1988
Needle Users and Methadone Clients from Boston Neighborhoods (Hofmann)	August 1, 1988
Adolescents in Substance Abuse Treatment (Hofmann)	August 5, 1988
Social Justice for Women Program-MCI Framingham (Breen)	August 8, 1988
Needle Use & Methadone Admissions by Massachusetts Community (Hofmann)	August 10, 1988
Summary Data for FY '85 ' FY '88 from the DDR/MIS System (Breen)	August 16, 1988
New Regional Information (Breen)	August 16, 1988
Methadone Admissions at New Bedford Center for Human Services from the Cape (Jaffee)	September 7, 1988
Description of South Shore DAE Clients (Breen)	November 30, 1988
Drunk Driving Admissions During 1st Quarter FY '89 (Breen)	December 20, 1988
Trends in Methadone Admissions by Quarter (Breen/Hofmann)	December 22, 1988
FY '88 Demographics of Drunk Driving Clients (Breen)	January 6, 1989
Adolescent Outpatient Clients in Metro South (Hofmann)	January 17, 1989
Demographic Characteristics of Clients in The Psychological Center, Centro PanAmericano, and Project Cope Outpatient Programs (Breen)	January 19, 1989

Demographic Characteristics of Clients in
The Center for Addictive Behavior and The Essex
County District Attorney's Youth Intervention
Programs (Breen) January 19, 1989

Substance Abuse Referrals from Community Sources
(Breen) January 20, 1989

Preliminary Analysis of the Prevention Center
Activities for FY 1988 (Breen, Doctor) March, 1989

SERVICE TRENDS

Drug Use Trends in the Greater Boston Area and Mass.
(Krakow, Hofmann, Kwass) December, 1988

Report on Minority Admissions:
Service Utilization Trends (Jaffee) January 24, 1989

QUARTERLY REPORTS

FY '88 Fourth Quarter Report (Jaffee, Krakow, Williams) July 15, 1988

FY '89 First Quarter Report (Jaffee, Krakow, Williams) October 20, 1988

FY '89 Second Quarter Report (Breen, Krakow, Williams) January 19, 1989

OTHER

The 1988 New England School of Alcohol Studies:
An Evaluation (Williams, Traniello, Krakow) August, 1988

Description of Substance Abuse Services, Clients,
and Strategies (Health and Addictions Research) September, 1988

Research and Evaluation Projects at the Division
of Substance Abuse Services (Presented to the
Governor's Advisory Council on Drugs and Alcohol) November 9, 1988

Prevention & Treatment Approaches for Children of
Alcoholics (Williams) December 12, 1988

Characteristics of Clients in the NUVA/Easler
Building Program: Six-Month Follow-up
(Breen, Williams) March, 1989

Appendix 9.

Fiscal Information

ADMS and ADTR Budgets for FY89 and FY90

and

All FY89 Service Contracts Listed Alphabetically

APPENDIX 3

STATE FY89 AND FY90

ESTIMATED EXPENDITURES FOR ADMS AND ADTR

	FY89	FY90
ADMS		
PERSONNEL		
PROGRAM	1,272,785	1,319,092
ADMINISTRATION	414,456	461,908
TRAINING/PROG. EXPENSE	463,879	704,397
PURCHASED SERVICES	6,408,121	12,304,174
ADMINISTRATIVE EXPENSE *	99,040	85,357
ADMS SUBTOTAL	8,658,281	14,874,928
ADTR		
PURCHASED SERVICES	4,665,359	883,012
TRAINING/PROG. EXPENSE	147,000	64,000
ADTR SUBTOTAL	4,812,359	947,012
COMBINED TOTAL	13,470,640	15,821,940

* The administrative expense figures do not include the Executive Office of Human Service's administrative portion of both the ADMS and ADTR grants.

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIM OBLIGATION
** APPROPRIATION: 0200				
* ORG NUMBER:				
COMMUNITY HEALTH CENTERS			0200	300
* Subsubtotal *				
				300
* ORG NUMBER: 2303				
MS DA ANDREW HOUSE/ANDREW DETOX	2303	9050052	** 0200	5403
WM DA ASOGS/SPRINGFIELD DETOX	2303	9050051	0200	7401
WM DA BERKSHIRE COA/DOYLE DETOX	2303	9050053	0200	3832
MN DA BOS ALC DTX PRJ/BOS DETOX	2303	9050054	0200	7622
MN DA CASPAR DETOX	2303	9050055	0200	5463
SE DA CATH CHARTBL BUR/BROCKTON	2303	9050782	0200	5457
SE DA CCAIRU/ GOSNOLD DETOX	2303	9050208	0200	375
NE DA CTR ADD BEH/NO SHORE DTX	2303	9050057	0200	6929
MS DA DIMOCK DETOX	2303	9050058	0200	5005
WM DA FRANKLN MED CTR/BEACON DTX	2303	9050059	0200	3083
NE DA LOWELL GENERAL HOSPITAL	2303	9050781	0200	3053
NE DA MIDDLESEX REGL ALC CTR	2303	9050061	0200	5358
CM DA NO CENTRAL ALC COMM	2303	9050062	0200	5465
MS DA POSITIVE LIFESTYLES	2303	9050050	0200	5444
WM DA PROV HOSP/HOLYOKE ALC DTX	2303	9050063	0200	4470
MS DA QUINCY DETOXIFICATION CTR	2303	9050064	0200	4114
CM DA SO MIDDLESEX/FRMNGHM DTX	2303	9050065	0200	5425
SE DA STANLEY ST CTR/FR-NB CAP	2303	9050066	0200	5019
CM DA WORCESTER CITY HOSPITAL DA	2303	9050067	0200	5898
* Subsubtotal *				
				94824
* ORG NUMBER: 2304				
SE RH ANCHOR HOUSE	2304	9050070	0200	1554
MN RH ARCH FOUNDATION/GAVIN	2304	9050071	0200	2244
WM RH ASOGS/MY SISTER'S HOUSE	2304	9050069	** 0200	2022
WM RH ASOGS/OPPORTUNITY HOUSE	2304	9050068	0200	3418
WM RH BERKSHIRE COA/BRKSHR WEST	2304	9050072	0200	1571
MS RH BOSTON HAMILTON/HAMILTON	2304	9050090	0200	1740
MS RH CASA ESPERANZA	2304	9053075	** 0200	94
MN RH CASPAR/ WOMENPLACE	2304	9050077	0200	1956
MN RH CASPAR/MEN	2304	9050076	0200	4308
CM RH CATH CHAR WORC /CROZIER	2304	9050080	0200	1960
SE RH CATH CHARTBL BUR/EDWINA	2304	9050517	0200	1961
SE RH CATH CHARTBL BUR/RECOVERY	2304	9050516	0200	2601
SE RH CCAIRU/ EMERSON	2304	9050073	** 0200	16
SE RH CCAIRU/ STEPHEN MILLER	2304	9050074	0200	2267
NE RH CTR ADD BEHAV/RYAN REHAB	2304	9050081	0200	1957

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG	TY	VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
MS	RH	DIMOCK CHC	2304	9050082 **	0200	23336
NE	RH	E MIDDLESEX ALC SVC	2304	9050083	0200	22440
MS	RH	FLYNN CHRISTIAN FELLOWSHIP	2304	9050085	0200	33640
WM	RH	FRANKLN MED CTR/BEACON MEN	2304	9050566	0200	14731
WM	RH	FRANKLN MED CTR/BEACON WMN	2304	9050086	0200	15252
WM	RH	GANDARA MHC/GANDARA HOUSE	2304	9050087	0200	19298
CM	RH	GARDNER-ATHOL MHA/PATHWAY	2304	9050088	0200	16711
MN	RH	GRANADA HOUSE	2304	9050600	0200	19384
MN	RH	HOPE HOUSE	2304	9050091	0200	73446
NE	RH	HURLEY HOUSE	2304	9050092	0200	19536
MS	RH	INTERIM HOUSE	2304	9050093	0200	17499
NE	RH	LINK HOUSE	2304	9050202	0200	15672
NE	RH	LOWELL HOUSE	2304	9050094 **	0200	20591
WM	RH	MULTI-SVC HEALTH:HAIRSTON	2304	9050095 **	0200	16634
SE	RH	NEW BEDFORD COA/ HARMONY	2304	9050096	0200	19665
MN	RH	NEW PATHWAYS-LIFE/ANSWER	2304	9050097	0200	19599
SE	RH	NORTH COTTAGE	2304	9050098	0200	50154
WM	RH	NRTHN EDUC SVC/ETHOS I	2304	9050099 **	0200	16648
NE	RH	PROJ COPE/SISTER COURAGE	2304	9050100	0200	19615
CM	RH	PROSPECT HOUSE/CHANNING I	2304	9050102	0200	19487
CM	RH	PROSPECT HOUSE/CHANNINGII	2304	9050101 **	0200	14100
WM	RH	PROV HOSP/TURNING POINT	2304	9050103 **	0200	11579
NE	RH	PSYCH CENTER/FOUNDATION	2304	9050104 **	0200	15638
MN	RH	REHABILITATION & HEALTH	2304	9050105	0200	20723
MN	RH	SALVN ARMY/ HARBOR LIGHT	2304	9050106 **	0200	37377
CM	RH	SERENITY HOUSE	2304	9050107	0200	17592
MS	RH	SHEPHERD HOUSE	2304	9050602	0200	17498
MS	RH	SO SHORE HALFWAY HOUSE	2304	9050109	0200	19518
MS	RH	ST. JUDE HOUSE	2304	9050110	0200	20521
SE	RH	STEPPINGSTONE	2304	9050111 **	0200	19919
CM	RH	URBN-SBRBN MNSTRY/HSPTLT	2304	9050112	0200	18757
MN	RH	VICTORY HOUSE	2304	9050113 **	0200	19626
MN	RH	VOLUNTEERS OF AM/ HELLO	2304	9050114	0200	22414

* Subsubtotal *

1024535

* ORG NUMBER: 2305

NE	OP	ADULT/ADOLESCENT CNSLG	2305	9051115	0200	15638
SE	OP	ALC FAMILY REHAB	2305	9051117	0200	21596
SE	OP	ALC FAMILY REHAB/BRIDGEH20 (C)	2305	9055811 **	0200	2565
MS	OP	ALIANZA HISPANA	2305	9051145	0200	9050
MN	OP	ANDREW HOUSE	2305	9051119	0200	9922
WM	OP	ASOGS/SLOAN CLINIC	2305	9051118	0200	14976
NE	OP	ASSABET HUMAN SERVICES	2305	9051254	0200	2087
SE	OP	ATTLEBORO YTH & FAM SVCS	2305	9051255	0200	9610
CM	OP	BANCROFT HUMAN SERVICES	2305	9051120	0200	7534

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG	TY	VENDOR	ORG	ID CONTRACT	APPROP	MAXI OBLIGAT
NE	OP	BAY COLONY HLTH SRVS	2305	9051256	0200	29
WM	OP	BERKSHIRE COUNCIL ON ALC	2305	9051121	0200	202
MN	OP	BRIDGE	2305	9051122	** 0200	111
MS	OP	BRIG & WMNS HOSP/P B BRGM	2305	9051123	0200	77
MS	OP	BRIG & WMNS HOSP/SO JM PL	2305	9051124	0200	109
SE	OP	CAPE COD MHA/CTR INDL FAM	2305	9052125	** 0200	1
SE	OP	CAPE COUNSELING CENTER	2305	9051126	0200	108
MN	OP	CASPAR	2305	9052258	** 0200	2
SE	OP	CATHOLIC CHARITABLE BUR	2305	9051837	0200	195
SE	OP	CCAIRU/ GOSNOLD	2305	9051257	** 0200	4
NE	OP	CENTER FOR MH & RETARD	2305	9051259	0200	62
NE	OP	CENTRO PANAMERICANO	2305	9051279	0200	41
MN	OP	CHELSEA ASAP	2305	9051618	0200	62
CM	OP	COMMUNITY COUNSELING CTR	2305	9052619	** 0200	1
MN	OP	CONCILIO HISPANO	2305	9052133	** 0200	10
WM	OP	COUNSELING CENTERS OF W. MASS.	2305	9052625	** 0200	1
NE	OP	CTR FOR ADDICTIVE BEHAVRS	2305	9051129	0200	1438
MS	OP	DIMOCK CHC	2305	9051136	0200	2330
MS	OP	DIMOCK/ROXBURY COURT	2305	9052620	** 0200	1
NE	OP	EASTERN MIDDLESEX MHA	2305	9051230	0200	390
MS	OP	F.I.R.S.T.	2305	9051232	0200	99
SE	OP	FAM & CHLD SVCS/NANTUCKET	2305	9052621	** 0200	2
MS	OP	FED. DORCH NGHBRHD HOUSES	2305	9051137	0200	428
WM	OP	FRNKLN MED CTR/BEACON CLC	2305	9051233	0200	1468
WM	OP	GANDARA MENTAL HEALTH CTR	2305	9051234	0200	1199
MN	OP	GENERAL HOSPITAL CORP/M G H	2305	9051139	0200	67
SE	OP	GREATER TAUNTON COUNCIL ON ALC	2305	9051141	0200	1480
MS	OP	HARBOR HEALTH SVC/DORCH ALC	2305	9051142	0200	62
CM	OP	HARRINGTON MEMORIAL HOSP/GWELL	2305	9051235	0200	1108
MN	OP	JFK FAMILY SERVICE CENTER	2305	9051144	0200	470
NE	OP	LOWELL HOUSE	2305	9052812	** 0200	7
SE	OP	MARTHA'S VINEYARD	2305	9051148	0200	208
MN	OP	MOUNT AUBURN HOSPITAL	2305	9050149	0200	1054
WM	OP	MULTI-SERVICE HEALTH	2305	9051150	** 0200	1565
SE	OP	NEW BEDFORD CTR HUM SVCS	2305	9051151	0200	2108
MS	OP	NEWTON-W-W-N MLTI SRV CTR	2305	9052152	** 0200	7
CM	OP	NO CENTRAL ALC COMM	2305	9051153	0200	2205
MN	OP	NODDLES IS MULTI SRV AG	2305	9051236	0200	927
MS	OP	NORFOLK MHA/CUTLER CNSLNG	2305	9052237	** 0200	2
WM	OP	NRTHN EDUC SVC/ETHOS III	2305	9051814	0200	1245
NE	OP	NUVA	2305	9051238	0200	1008
MS	OP	PEACEFUL MOVEMENT COMM	2305	9051156	* 0200	15
MS	OP	PEACEFUL MOVEMENT COMM	2305	9051815	** 0200	577
NE	OP	PROJECT COPE/RECOVERY RESOURCE	2305	9051243	0200	1745
NE	OP	PROJECT RAP	2305	9051244	0200	70
CM	OP	PROSPECT HOUSE	2305	9051157	** 0200	76

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG	TY	VENDOR	ORG	ID CONTRACT	APPROP	MAXI OBLIGAT
WM	OP	PROV HOSP/ELM ST HLTH CTR	2305	9051158	0200	111
NE	OP	PSYCHOLOGICAL CENTER	2305	9051159	** 0200	161
MN	OP	SO BOSTON ACTION COUNCIL	2305	9051161	0200	70
CM	OP	SO MIDDLESEX OPPOR CNCL	2305	9052162	** 0200	2
MS	OP	SO SHORE COUNCIL ON ALC	2305	9051163	** 0200	68
MN	OP	SOMERVILLE PORT-AMER LEAG	2305	9052160	** 0200	8
CM	OP	SPECTRUM	2305	9052164	** 0200	
MN	OP	ST ELIZABETHS HOSP/SECAP	2305	9051165	0200	500
CM	OP	ST. VINCENT HOSPITAL	2305	9050166	0200	762
SE	OP	STANLEY ST CTR/FR-NB CAP	2305	9052167	** 0200	35
MS	OP	SURVIVAL	2305	9051239	0200	121
NE	OP	TEAM COORDINATING AGENCY	2305	9052605	** 0200	2
CM	OP	TOGETHER	2305	9052169	** 0200	8
MN	OP	TRUSTEES HLTH & HOSP/BCH	2305	9051240	0200	1934
* Subsubtotal *						54952
* ORG NUMBER: 2306						
WM	ST	ASOGS/QUARRY HILL REHAB	2306	9050174	** 0200	4042
NE	ST	CTR ADD BEH/NO SHORE RIC	2306	9050467	0200	3409
SE	ST	STANLEY ST TREATMENT & RES CTR	2306	9050831	0200	850
* Subsubtotal *						8301
* ORG NUMBER: 2307						
MN	PI	CASPAR PIP	2307	9053176	** 0200	3543
NE	PI	PSYCH CENTER/LAWRENCE PIP	2307	9050177	0200	2409
CM	PI	WORCESTER PIP	2307	9053178	** 0200	38
* Subsubtotal *						5991
* ORG NUMBER: 2308						
MN	TF	BOSTON ALC DETOX PROJECT	2308	9050179	0200	5309
NE	TF	MIDDLESEX REGL ALC CTR	2308	9050180	0200	1279
MS	TF	POSITIVE LIFESTYLS/MATT SQ	2308	9050181	0200	5287
CM	TF	WORCESTER CITY HOSPITAL	2308	9050182	0200	723
* Subsubtotal *						12599
* ORG NUMBER: 2309						
SE	PC	ALC FAMILY REHAB/PATHWAYS	2309	9052510	** 0200	38
MN	PC	MEDICAL FOUNDATION	2309	9052250	** 0200	4
NE	PC	MOUNT AUBURN HOSPITAL	2309	9051251	** 0200	2092
WM	PC	MULTI-SERVICE HEALTH	2309	9052252	** 0200	18
CM	PC	NO CNTRL/TRI PRVNTN FIRST	2309	9052253	** 0200	25
NE	PC	PSYCHOLOGICAL CENTER	2309	9051183	** 0200	2304

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CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
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REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
MS PC SO SHORE COUNCIL ON ALC	2309	9051184	** 0200	21768
* Subsubtotal *				66581
* ORG NUMBER: 2310				
SE NT ASSN SAN MARTIN DE PORRES	2310	9052607	** 0200	149
MN NT CASPAR ALC EDUC	2310	9051186	0200	6297
MN NT CASPAR DEAF WOMEN	2310	9053479	** 0200	39
NE NT CENTRO PANAMERICANO	2310	9051230	0200	7834
NE NT CTR FOR ADDICTIVE BEHAVRS	2310	9052229	** 0200	25
NE NT EASTERN MIDDLESEX MHA	2310	9051231	0200	3576
NT EMERG NURSES C.A.R.E. (CM)	2310	9051249	0200	7829
MS NT F.I.R.S.T.	2310	9055484	** 0200	162
WM NT FRNKLN MED CTR/BEACON CLC	2310	9050877	0200	1400
WM NT GANDARA MENTAL HEALTH CTR	2310	9051457	** 0200	12218
NE NT LOWELL HOUSE	2310	9051872	0200	2664
SE NT NEW BEDFORD CTR HUM SVCS	2310	9052614	** 0200	70
NE NT NUVA	2310	9051241	0200	9365
NE NT NUVA	2310	9055822	** 0200	27
SE NT PORTUGUESE YOUTH CULT ORG	2310	9051191	0200	5229
MN NT POSITIVE LIFESTYLES	2310	9054577	** 0200	22
NE NT PROJECT RAP	2310	9055823	** 0200	30
MN NT SOBRIETY T E & P /STEP	2310	9051193	0200	26128
MN NT SOMERVILLE PORT-AMER LEAG	2310	9055826	** 0200	6
MN NT TRUSTEES HLTH & HOSP/BCH	2310	9051197	0200	18754
* Subsubtotal *				101829
* ORG NUMBER: 2311				
SE SH NORTH COTTAGE	2311	9050198	0200	9499
* Subsubtotal *				9499
* ORG NUMBER: 2312				
SE DN CCAIRU/EDUC&INTERVNTN CTR	2312	9050199	** 0200	39105
* Subsubtotal *				39105
* ORG NUMBER: 2313				
IR F.I.R.S.T., IR	2313	9055567	** 0200	120
* Subsubtotal *				120
* ORG NUMBER: 2314				
DU MIDDLESEX COUNTY HOSPITAL	2314	9050631	0200	23733

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG	TY	VENDOR	ORG	ID	CONTRACT	APPROPRIATION	MAXIMUM OBLIGATION
* Subsubtotal *							2373
* ORG NUMBER: 2315							
MN	TC	CASPAR	2315	9050570	**	0200	2853
MS	TC	F.I.R.S.T. RES	2315	9050214	**	0200	2199
MS	TC	F.I.R.S.T./ HISP ACAD	2315	9050213	**	0200	1385
MS	TC	F.I.R.S.T./ALGONQUIN	2315	9050215	**	0200	2150
WM	TC	MARATHON HOUSE	2315	9050216	**	0200	2992
MN	TC	NODDLES IS MSA/MRIDIAN	2315	9050217	**	0200	2221
NE	TC	PROJECT COPE	2315	9050267	**	0200	2022
MS	TC	PROJECT TURNABOUT	2315	9054582	**	0200	248
WM	TC	PROVIDENCE HOSPITAL	2315	8050999	**	0200	2460
CM	TC	SPECTRUM	2315	9050470	**	0200	4733
CM	TC	SPECTRUM TC PAROLEES	2315	9050839	**	0200	2460
NE	TC	TEAM COORDINATING AGENCY	2315	9050204	**	0200	1215
MS	TC	WOMEN, INC.	2315	9050220	**	0200	2248
* Subsubtotal *							2373
MS	TC	TRUSTEE HEALTH - HOSP	2315	9050273	**	0200	2373
* ORG NUMBER: 2316							
MS	VE	ADAPT	2316	9052265	**	0200	108
MN	VE	BRIDGE	2316	9051266	**	0200	588
MN	VE	NO CHARLES MH RES & TRNG	2316	9052617	**	0200	102
CM	VE	SPECTRUM	2316	9051207	**	0200	4789
* Subsubtotal *							1088
* ORG NUMBER: 2317							
NE	DD	CTR ADD BEH/N S DRG DETOX	2317	9050521	**	0200	1728
MS	DD	DIMOCK DRG DETOX	2317	9055836	**	0200	209
NE	DD	LOWELL GENERAL HOSPITAL	2317	9054820	**	0200	2322
WM	DD	PROV HOSP/HOLYOKE DRUG DX	2317	9050210	**	0200	1490
MS	DD	QUINCY DRG DETOX	2317	9054825	**	0200	1377
CM	DD	SPECTRUM DRG DETOX	2317	9050211	**	0200	3957
SE	DD	STANLEY ST CTR/FR-NB CAP	2317	9050212	**	0200	2966
CM	DD	WORCESTER CITY HOSPITAL DA	2317	9054938	**	0200	628
* Subsubtotal *							14115
* ORG NUMBER: 2318							
SE	MS	NEW BEDFORD CTR HUM SVCS	2318	9001504	**	0200	311
CM	MS	SPECTRUM	2318	9051248	**	0200	928
* Subsubtotal *							404

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRCT	APPROP	MAXIM OBLIGATI
* ORG NUMBER: 2319				
WM CJ BERKSHIRE CRCTNL SVCS	2319	9051254 **	0200	130
CJ F.I.R.S.T. (MS)	2319	9051465	0200	584
WM CJ FRANKLIN MED CTR	2319	9051255	0200	103
WM CJ GANDARA MNTL HLTH CTR	2319	9051256	0200	312
WM CJ MULTI-SERVICE HEALTH	2319	9051257 **	0200	187
WM CJ NORTHERN EDUCAT SVCS	2319	9051951	0200	232
NE CJ PROJECT RAP	2319	9051259 **	0200	266
CM CJ PROSPECT HOUSE	2319	9051260 **	0200	784
CJ SPAN (MN)	2319	9051263	0200	1435
* Subsubtotal *				4038
* ORG NUMBER: 2320				
SE YR ATTLE YTH & FAM/ROAD BACK	2320	9050505 **	0200	3044
CM YR BANCROFT HUM SVCS/RUTLAND	2320	9050201 **	0200	2951
SE YR CCAIRU/ EMERSON YOUTH	2320	9050482 **	0200	13
WM YR PROV HOSP/HONOR HOUSE	2320	9050218	0200	3552
NE YR PSYCH CENTER/PEGASUS	2320	9050219	0200	3201
MS YR SO SH CNCL ON ALC/ODYSSEY	2320	9053469 **	0200	3174
MS YR VOLUNTEERS OF AM/REBOUND	2320	9050205 **	0200	3097
* Subsubtotal *				19034
* ORG NUMBER: 2321				
MS YI ALIANZA HISPANA	2321	9059236 **	0200	119
SE YI ATTLEBORO YTH & FAM SVCS	2321	9052222 **	0200	5
WM YI BERKSHIRE COUNCIL ON ALC	2321	9051223	0200	322
MN YI BOSTON CHINESE:YES	2321	9052224 **	0200	5
MN YI BRIDGE	2321	9051225	0200	7530
SE YI CAPE COUNSELING CENTER	2321	9052227 **	0200	4
MN YI CASPAR	2321	9051228 **	0200	6437
SE YI CATHOLIC CHARITABLE BUR	2321	9052838 **	0200	2
SE YI CCAIRU/ GOSNOLD	2321	9055226 **	0200	2
CM YI COMMUNITY COUNSELING CTR	2321	9052610 **	0200	28
WM YI COUNSELING CENTERS OF W. MASS.	2321	9052616 **	0200	4
NE YI CTR FOR ADDICTIVE BEHAVRS	2321	9052187 **	0200	5
MS YI DIMOCK CHC	2321	9052611 **	0200	6
NE YI EASTERN MIDDLESEX MHA	2321	9052188 **	0200	18
MS YI FED. DORCH NGHBRHD HOUSES	2321	9052232 **	0200	138
WM YI FRANKLIN COMMUNITY ACTION	2321	9052233 **	0200	4
WM YI HELP LINE	2321	9051781	0200	5
SE YI MARTHA'S VINEYARD	2321	9052237 **	0200	274
WM YI MULTI-SERVICE HEALTH	2321	9051238	0200	1
SE YI NEW BEDFORD CTR HUM SVCS	2321	9052239 **	0200	14
MS YI PEACEFUL MOVEMENT COMM	2321	9052981 **	0200	

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
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REG	TY	VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
NE	YI	PROJECT RAP	2321	9052192 **	0200	53
WM	YI	PROV HOSP/ELM ST HLTH CTR	2321	9051244	0200	2906
MN	YI	SO BOSTON ACTION COUNCIL	2321	9051503	0200	6883
MS	YI	SO SHORE COUNCIL ON ALC	2321	9052194 **	0200	26
MS	YI	SOCIEDAD LATINA	2321	9052245 **	0200	98
SE	YI	STANLEY ST CTR/FR-NB CAP	2321	9052195 **	0200	64
NE	YI	TEAM COORDINATING AGENCY	2321	9052615 **	0200	73
CM	YI	TOGETHER	2321	9052196 **	0200	46
CM	YI	TRI-LINK	2321	9052246 **	0200	48
WM	YI	W. W. JOHNSON LIFE CENTER	2321	9051473	0200	8376
NE	YI	WATERTOWN MULTI-SRV CTR	2321	9052472 **	0200	41
* Subsubtotal *						39452
* ORG NUMBER: 2324 OP DAE BLANKET						34998
* Subsubtotal *						34998
** Subtotal **						107 378645

NON BUDGETED BCR
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIM OBLIGATI
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** APPROPRIATION: 0200

* ORG NUMBER: 2322

MS	GB MASS CNCL ON COMPULSV GAMBLING	2322 9058981	** 0200	6
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MN	GB NO CHARLES MH GAMBLING	2322 9058983	** 0200	4
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* Subsubtotal *

11

** Subtotal **

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NON BUDGETED BCR
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	OBLIGATION	MAXIMUM
** APPROPRIATION: 0225					
* ORG NUMBER: 2322					
MS GB MASS CNCL ON COMPULSV GAMBLING	2322	9058981	** 0225		25000
NE GB MOUNT AUBURN HOSPITAL/GAMBLING	2322	9058982	0225		12500
MN GB NO CHARLES MH GAMBLING	2322	9058983	** 0225		12500
* Subsubtotal *					50000
** Subtotal **					50000
*** Total ***					50113

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CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIM OBLIGATI
** APPROPRIATION: 0261				
* ORG NUMBER: 2324				
MN OP ALC SAFETY ACT/BOS ASAP	2324		0261	
SE OP BILLINGS HUMAN SERVICES	2324		0261	
OP DAE BLANKET	2324	9059996 **	0261	2505
NE OP GREATER CAPE ANN HUMAN SERVICES	2324		0261	
MS OP VALLE ASSOCIATES	2324		0261	
* Subsubtotal *				2505
** Subtotal **				2505

NON BUDGETED BCR
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
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REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
** APPROPRIATION: 0103				
* ORG NUMBER:				
JEWISH FAMILY SERVICE/CHESED		9001713	0103	1000
OP VALLE/via ISA with Doc			0103	6250
* Subsubtotal *				7250
* ORG NUMBER: 2304				
WM RH MULTI-SVC HEALTH:HAIRSTON	2304	9050095	0103	3300
* Subsubtotal *				3300
* ORG NUMBER: 2305				
SE OP ALC FAMILY REHAB/BRIDGEH20 (C)	2305	9055811	** 0103	1250
WM OP MULTI-SERVICE HEALTH	2305	9051150	** 0103	2130
MN OP SOMERVILLE PORT-AMER LEAG	2305	9052160	** 0103	1550
* Subsubtotal *				4930
* ORG NUMBER: 2306				
WM ST ASOGS/QUARRY HILL REHAB	2306	9050174	** 0103	5100
* Subsubtotal *				5100
* ORG NUMBER: 2310				
WM NT PROV HOSP/ELM ST HLTH CTR	2310	9052480	** 0103	6140
MN NT TRUSTEES HLTH & HOSP/DHR	2310	9001489	0103	5950
MN NT VICTORY HOUSE	2310	9050876	0103	17000
* Subsubtotal *				29090
* ORG NUMBER: 2315				
MS TC CASA ESPERANZA	2315	9050922	0103	2060
MS TC F.I.R.S.T. RES	2315	9050214	** 0103	3520
MS TC F.I.R.S.T./ HISP ACAD	2315	9050213	** 0103	3440
WM TC MARATHON HOUSE	2315	9050216	** 0103	3220
MS TC PROJECT TURNABOUT	2315	9054582	** 0103	11790
CM TC SPECTRUM	2315	9050470	** 0103	3010
SE TC STEPPINGSTONE	2315	9050921	0103	22220
NE TC TEAM COORDINATING AGENCY	2315	9050204	** 0103	5900
MS TC TRUSTEES HLTH & HOSP/BCH	2315	9050578	** 0103	2430
MS TC WOMEN, INC.	2315	9050220	** 0103	3080
* Subsubtotal *				60710

NON BUDGETED BCR
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
* ORG NUMBER: 2317				
NE DD LOWELL GENERAL HOSPITAL	2317	9054820	** 0103	846
MS DD POSITIVE LIFESTYLES	2317	9054937	** 0103	1110
CM DD SPECTRUM DRG DETOX	2317	9050211	** 0103	1012
SE DD STANLEY ST CTR/FR-NB CAP	2317	9050212	** 0103	3958
* Subsubtotal *				6924
* ORG NUMBER: 2318				
MN MS ADDICTION TREATMENT CENTER	2318	9050949	0103	750
MN MS ANDREW HOUSE/ BAYCOVE	2318	9052241	** 0103	992
MN MS HABIT MANAGEMENT	2318	9050947	** 0103	1300
SE MS NEW BEDFORD CTR HUM SVCS	2318	9001504	** 0103	9145
MN MS NO CHARLES MH RES & TRNG	2318	9001496	0103	3825
NE MS NUVA	2318	9050948	0103	250
WM MS PROVIDENCE HOSPITAL	2318	9052245	** 0103	992
CM MS SPECTRUM	2318	9051248	** 0103	4276
SE MS ST. ANNE'S HOSP/LIFELINE	2318	9051249	** 0103	2026
MN MS TRUSTEES HLTH & HOSP/BCH	2318	9051250	** 0103	4749
* Subsubtotal *				28307
* ORG NUMBER: 2319				
WM CJ MULTI-SERVICE HEALTH	2319	9051257	** 0103	46
* Subsubtotal *				46
* ORG NUMBER: 5295				
MS FENWAY CHC/AIDS	5295	9294900	0103	200
* Subsubtotal *				200
** Subtotal **				46221
*** Total ***				46221

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CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
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REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
** APPROPRIATION: 9404				
* ORG NUMBER: 2304				
MS RH CASA ESPERANZA	2304	9053075	** 9404	2267
SE RH CCAIRU/ EMERSON	2304	9050073	** 9404	1447
CM RH FAITH HOUSE	2304	9053084	9404	1536
* Subsubtotal *				5251
* ORG NUMBER: 2305				
SE OP CAPE COD MHA/CTR INDL FAM	2305	9052125	** 9404	1063
MN OP CASPAR	2305	9052258	** 9404	1714
SE OP CCAIRU/ GOSNOLD	2305	9051257	** 9404	1042
CM OP COMMUNITY COUNSELING CTR	2305	9052619	** 9404	830
MN OP CONCILIO HISPANO	2305	9052133	** 9404	1245
WM OP COUNSELING CENTERS OF W. MASS.	2305	9052625	** 9404	975
MS OP DIMOCK/ROXBURY COURT	2305	9052620	** 9404	870
SE OP FAM & CHLD SVCS/NANTUCKET	2305	9052621	** 9404	144
NE OP LOWELL GENERAL HOSPITAL	2305	9052622	9404	1174
NE OP LOWELL HOUSE	2305	9052812	** 9404	1440
MS OP NEWTON-W-W-N MLTI SRV CTR	2305	9052152	** 9404	570
MS OP NORFOLK MHA/CUTLER CNSLNG	2305	9052237	** 9404	330
CM OP SO MIDDLESEX OPPOR CNCL	2305	9052162	** 9404	1037
MN OP SOMERVILLE PORT-AMER LEAG	2305	9052160	** 9404	622
CM OP SPECTRUM	2305	9052164	** 9404	622
SE OP STANLEY ST CTR/FR-NB CAP	2305	9052167	** 9404	2168
NE OP TEAM COORDINATING AGENCY	2305	9052605	** 9404	1436
CM OP TOGETHER	2305	9052169	** 9404	674
MS OP WOMEN, INC.	2305	9052172	9404	469
* Subsubtotal *				18938
* ORG NUMBER: 2307				
CM PI WORCESTER PIP	2307	9053178	** 9404	2885
* Subsubtotal *				2885
* ORG NUMBER: 2309				
SE PC ALC FAMILY REHAB/PATHWAYS	2309	9052510	** 9404	2314
NE PC CTR FOR ADDICTIVE BEHAVRS	2309	9052248	** 9404	2255
MN PC MEDICAL FOUNDATION	2309	9052250	** 9404	2155
WM PC MULTI-SERVICE HEALTH	2309	9052252	** 9404	2256
CM PC NO CNTRL/TRI PRVNTN FIRST	2309	9052253	** 9404	2127
* Subsubtotal *				11111

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
* ORG NUMBER: 2310				
MS NT ANDREW HOUSE/SHATTUCK AIDS	2310	9052878	9404	4312
SE NT ASSN SAN MARTIN DE PORRES	2310	9052607 **	9404	8758
MN NT CASPAR DEAF WOMEN	2310	9053479 **	9404	8977
NE NT CTR FOR ADDICTIVE BEHAVRS	2310	9052229 **	9404	2595
MS NT FENWAY CHC	2310	9050879 **	9404	2060
SE NT NEW BEDFORD COMM ON ALC	2310	9052613	9404	2361
SE NT NEW BEDFORD CTR HUM SVCS	2310	9052614 **	9404	9215
WM NT PROV HOSP/ELM ST HLTH CTR	2310	9052480 **	9404	2164
* Subsubtotal *				40452
* ORG NUMBER: 2315				
MN TC CASPAR	2315	9050570 **	9404	480
MS TC WOMEN, INC.	2315	9050220 **	9404	480
* Subsubtotal *				960
* ORG NUMBER: 2316				
MS VE ADAPT	2316	9052265 **	9404	17504
MN VE NO CHARLES MH RES & TRNG	2316	9052617 **	9404	3142
* Subsubtotal *				20646
* ORG NUMBER: 2318				
MN MS ANDREW HOUSE/ BAYCOVE	2318	9052241 **	9404	25921
MS HABIT MANAGEMENT	2318	9050947 **	9404	2000
WM MS PROVIDENCE HOSPITAL	2318	9052245 **	9404	23631
* Subsubtotal *				51552
* ORG NUMBER: 2319				
CJ SOCIAL JUSTICE-WOMEN (CM)	2319	9052262 **	9404	10405
* Subsubtotal *				10405
* ORG NUMBER: 2320				
SE YR CCAIRU/ EMERSON YOUTH	2320	9050482 **	9404	10871
* Subsubtotal *				10871
* ORG NUMBER: 2321				
NE YI ADULT/ADOLESCENT CNSLG	2321	9052185 **	9404	3352
SE YI ALC FAMILY REHAB	2321	9052221 **	9404	2800
SE YI ATTLEBORO YTH & FAM SVCS	2321	9052222 **	9404	1349
MN YI BOSTON CHINESE: YES	2321	9052224 **	9404	2905

REG	TY	VENDOR	ORG	ID	CONTRACT	APPROP	OBLIGATION
SE	YI	CAPE COUNSELING CENTER	2321	9052227	**	9404	2906
SE	YI	CATHOLIC CHARITABLE BUR	2321	9052838	**	9404	3798
SE	YI	CCAIRU/ GOSNOLD	2321	9055226	**	9404	1557
MN	YI	CHELSEA ASAP	2321	9052609	**	9404	5000
CM	YI	COMMUNITY COUNSELING CTR	2321	9052610	**	9404	1800
WM	YI	COUNSELING CENTERS OF W. MASS.	2321	9052616	**	9404	2492
NE	YI	CTR FOR ADDICTIVE BEHAVRS	2321	9052187	**	9404	4952
MS	YI	DIMOCK CHC	2321	9052611	**	9404	9500
NE	YI	EASTERN MIDDLESEX MHA	2321	9052188	**	9404	4152
NE	YI	ESSEX COUNTY DIST. ATTY.	2321	9052979	**	9404	9342
MS	YI	FED. DORCH NGHBRHD HOUSES	2321	9052232	**	9404	6747
WM	YI	FRANKLIN COMMUNITY ACTION	2321	9052233	**	9404	5501
SE	YI	GREATER TAUNTON COUNCIL ON ALC	2321	9052235	**	9404	2076
NE	YI	LOWELL HOUSE	2321	9052979	**	9404	5000
SE	YI	MARTHA'S VINEYARD	2321	9052237	**	9404	308
SE	YI	NEW BEDFORD CTR HUM SVCS	2321	9052239	**	9404	4878
MS	YI	PEACEFUL MOVEMENT COMM	2321	9052510	**	9404	1478
MS	YI	PEACEFUL MOVEMENT COMM	2321	9052981	**	9404	5269
NE	YI	PROJECT RAP	2321	9052192	**	9404	4152
CM	YI	PROSPECT HOUSE	2321	9052243	**	9404	4671
MS	YI	SO SHORE COUNCIL ON ALC	2321	9052194	**	9404	3114
MS	YI	SOCIEDAD LATINA	2321	9052245	**	9404	6747
SE	YI	STANLEY ST CTR/FR-NB CAP	2321	9052195	**	9404	4048
NE	YI	TEAM COORDINATING AGENCY	2321	9052615	**	9404	5000
CM	YI	TOGETHER	2321	9052196	**	9404	3113
CM	YI	TRI-LINK	2321	9052246	**	9404	2906
NE	YI	WATERTOWN MULTI-SRV CTR	2321	9052472	**	9404	3114
* Subsubtotal *							124029
** Subtotal **							640812

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRCT	APPROP	MAXIM OBLIGATI
** APPROPRIATION: 9405				
* ORG NUMBER:				
MINORITY RECRUITMENT			9405	
* Subsubtotal *				
* ORG NUMBER: 2303				
MS DA ANDREW HOUSE/ANDREW DETOX	2303	9050052 **	9405	899
* Subsubtotal *				
* ORG NUMBER: 2304				
WM RH ASOGS/MY SISTER'S HOUSE	2304	9050069 **	9405	149
MS RH DIMOCK CHC	2304	9050082 **	9405	10
NE RH LOWELL HOUSE	2304	9050094 **	9405	40
WM RH NRTHN EDUC SVC/ETHOS I	2304	9050099 **	9405	224
CM RH PROSPECT HOUSE/CHANNINGIIW	2304	9050101 **	9405	149
WM RH PROV HOSP/TURNING POINT	2304	9050103 **	9405	149
NE RH PSYCH CENTER/FOUNDATION	2304	9050104 **	9405	20
MN RH SALVN ARMY/ HARBOR LIGHT	2304	9050106 **	9405	60
SE RH STEPPINGSTONE	2304	9050111 **	9405	159
MN RH VICTORY HOUSE	2304	9050113 **	9405	179
* Subsubtotal *				
* ORG NUMBER: 2305				
SE OP ALC FAMILY REHAB/BRIDGEWATER	2305	9055811 **	9405	830
MN OP BRIDGE	2305	9051122 **	9405	2000
WM OP COUNSELING CENTERS OF W. MASS.	2305	9052625 **	9405	2500
MN OP GAY & LESBIAN HEALTH SERVICES	2305	9055207 **	9405	719
WM OP MULTI-SERVICE HEALTH	2305	9051150 **	9405	200
WM OP NRTHN EDUC SVC/ETHOS III	2305	9051814	9405	200
MS OP PEACEFUL MOVEMENT COMM	2305	9051815 **	9405	40
CM OP PROSPECT HOUSE	2305	9051157 **	9405	1300
NE OP PSYCHOLOGICAL CENTER	2305	9051159 **	9405	1000
MS OP SO SHORE COUNCIL ON ALC	2305	9051163 **	9405	2500
MS OP SOUTHWEST BOSTON COMM SVC	2305	9055474	9405	830
* Subsubtotal *				
* ORG NUMBER: 2306				
ST MASS OSTEOPATHIC HOSP	2306	9054175	9405	4972
* Subsubtotal *				

1144

3389

4972

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
* ORG NUMBER: 2307				
MN PI CASPAR PIP	2307	9053176 **	9405	299
* Subsubtotal *				
				299
* ORG NUMBER: 2309				
SE PC ALC FAMILY REHAB/PATHWAYS	2309	9052510 **	9405	214
NE PC CTR FOR ADDICTIVE BEHAVRS	2309	9052248 **	9405	165
MN PC MEDICAL FOUNDATION	2309	9052250 **	9405	265
NE PC MOUNT AUBURN HOSPITAL	2309	9051251 **	9405	165
WM PC MULTI-SERVICE HEALTH	2309	9052252 **	9405	165
CM PC NO CNTRL/TRI PRVNTN FIRST	2309	9052253 **	9405	165
NE PC PSYCHOLOGICAL CENTER	2309	9051183 **	9405	763
MS PC SO SHORE COUNCIL ON ALC	2309	9051184 **	9405	465
* Subsubtotal *				
				2367
* ORG NUMBER: 2310				
CM NT CENTROS LAS AMERICAS	2310	9055817	9405	250
MN NT CONCILIO HISPANO	2310	9055818	9405	300
MS NT F.I.R.S.T.	2310	9055484 **	9405	1070
MS NT FENWAY CHC	2310	9050879 **	9405	194
WM NT GANDARA MENTAL HEALTH CTR	2310	9051457 **	9405	250
MN NT GAY & LESBIAN HEALTH SERVICES	2310	9055875	9405	163
SE NT GREATER TAUNTON COUNCIL ON ALC	2310	9055827	9405	386
SE NT NEW BEDFORD COMM ON ALC	2310	9055821	9405	100
NE NT NUVA	2310	9055822 **	9405	300
MN NT POSITIVE LIFESTYLES	2310	9054577 **	9405	1000
NE NT PROJECT RAP	2310	9055823 **	9405	260
NE NT PSYCHOLOGICAL CENTER	2310	9055824	9405	260
MN NT SOMERVILLE PORT-AMER LEAG	2310	9055826 **	9405	100
MN NT TRUSTEES HLTH & HOSP/BCH	2310	9055874	9405	445
* Subsubtotal *				
				5079
* ORG NUMBER: 2311				
NE SH LOWELL HOUSE/TEWKSBURY	2311	9054901	9405	2160
* Subsubtotal *				
				2160
* ORG NUMBER: 2312				
SE DN CCAIRU/EDUC&INTERVNTN CTR	2312	9050199 **	9405	260
* Subsubtotal *				
				260

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIM OBLIGATI
* ORG NUMBER: 2313				
IR F.I.R.S.T., IR	2313	9055567 **	9405	2540
* Subsubtotal *				2540
* ORG NUMBER: 2315				
MN TC CASPAR	2315	9050570 **	9405	60
MS TC F.I.R.S.T./ HISP ACAD	2315	9050213 **	9405	300
WM TC MARATHON HOUSE	2315	9050216 **	9405	149
MN TC NODDLES IS MSA/MRIDIAN	2315	9050217 **	9405	299
MS TC PROJECT TURNABOUT	2315	9054582 **	9405	2207
CM TC SPECTRUM	2315	9050470 **	9405	279
MS TC TRUSTEES HLTH & HOSP/BCH	2315	9050578 **	9405	1875
* Subsubtotal *				5172
* ORG NUMBER: 2316				
MN VE NO CHARLES MH RES & TRNG	2316	9052617 **	9405	381
* Subsubtotal *				381
* ORG NUMBER: 2317				
MN DD CASPAR DRUG DETOX	2317	9054936	9405	499
NE DD CTR ADD BEH/N S DRG DETOX	2317	9050521 **	9405	249
MS DD DIMOCK DRG DETOX	2317	9055836 **	9405	4249
NE DD LOWELL GENERAL HOSPITAL	2317	9054820 **	9405	299
MS DD POSITIVE LIFESTYLES	2317	9054937 **	9405	1539
MS DD QUINCY DRG DETOX	2317	9054825 **	9405	225
CM DD SPECTRUM DRG DETOX	2317	9050211 **	9405	1670
SE DD STANLEY ST CTR/FR-NB CAP	2317	9050212 **	9405	891
CM DD WORCESTER CITY HOSPITAL DA	2317	9054938 **	9405	4990
* Subsubtotal *				10123
* ORG NUMBER: 2318				
MS HABIT MANAGEMENT	2318	9050947 **	9405	300
NE MS LOWELL GENERAL HOSPITAL	2318	9055946	9405	
SE MS NEW BEDFORD CTR HUM SVCS	2318	9001504 **	9405	22
WM MS PROVIDENCE HOSPITAL	2318	9052245 **	9405	9770
CM MS SPECTRUM	2318	9051248 **	9405	
SE MS ST. ANNE'S HOSP/LIFELINE	2318	9051249 **	9405	356
MN MS TRUSTEES HLTH & HOSP/BCH	2318	9051250 **	9405	400
* Subsubtotal *				2056

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIM OBLIGATI
* ORG NUMBER: 2319				
WM CJ BERKSHIRE CRCTNL SVCS	2319	9051254	** 9405	1800
NE CJ PROJECT RAP	2319	9051259	** 9405	1500
CM CJ PROSPECT HOUSE	2319	9051260	** 9405	1600
CJ SOCIAL JUSTICE-WOMEN (CM)	2319	9052262	** 9405	6800
* Subsubtotal *				11700
* ORG NUMBER: 2320				
SE YR ATTLE YTH & FAM/ROAD BACK	2320	9050505	** 9405	3190
CM YR BANCROFT HUM SVCS/RUTLAND	2320	9050201	** 9405	1990
MS YR SO SH CNCL ON ALC/ODYSSEY	2320	9053469	** 9405	3520
MS YR VOLUNTEERS OF AM/REBOUND	2320	9050205	** 9405	22150
* Subsubtotal *				30870
* ORG NUMBER: 2321				
WM YI COUNSELING CENTERS OF W. MASS.	2321	9052616	** 9405	2000
* Subsubtotal *				2000
* ORG NUMBER: 2323				
DA ATTENDANT BLANKET	2323	9054468	9405	6500
* Subsubtotal *				6500
* ORG NUMBER: 3019				
CHMC POISON CONTROL CENTER/MCH	3019	9115290	9405	1500
* Subsubtotal *				1500
* ORG NUMBER: 4905				
DIMOCK CHC	4905	9090753	9405	1790
* Subsubtotal *				1790
** Subtotal **				461040

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIM OBLIGATI
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** APPROPRIATION: 9406

* ORG NUMBER: 2309

SE	PC ALC FAMILY REHAB/PATHWAYS	2309 9052510	** 9406	382
NE	PC CTR FOR ADDICTIVE BEHAV	2309 9052248	** 9406	380
MN	PC MEDICAL FOUNDATION	2309 9052250	** 9406	380
NE	PC MOUNT AUBURN HOSPITAL	2309 9051251	** 9406	380
WM	PC MULTI-SERVICE HEALTH	2309 9052252	** 9406	346
CM	PC NO CNTRL/TRI PRVNTN FIRST	2309 9052253	** 9406	380
NE	PC PSYCHOLOGICAL CENTER	2309 9051183	** 9406	380
MS	PC SO SHORE COUNCIL ON ALC	2309 9051184	** 9406	380

* Subsubtotal *

3013

** Subtotal **

3013

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
** APPROPRIATION: 9407				
* ORG NUMBER: 2309				
SE PC ALC FAMILY REHAB/PATHWAYS	2309	9052510	** 9407	1775
NE PC CTR FOR ADDICTIVE BEHAVRS	2309	9052248	** 9407	1780
MN PC MEDICAL FOUNDATION	2309	9052250	** 9407	1780
NE PC MOUNT AUBURN HOSPITAL	2309	9051251	** 9407	1780
WM PC MULTI-SERVICE HEALTH	2309	9052252	** 9407	2128
CM PC NO CNTRL/TRI PRVNTN FIRST	2309	9052253	** 9407	1775
NE PC PSYCHOLOGICAL CENTER	2309	9051183	** 9407	1775
MS PC SO SHORE COUNCIL ON ALC	2309	9051184	** 9407	1775
* Subsubtotal *				14583
** Subtotal **				14583

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 89

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIM OBLIGATI
** APPROPRIATION: 9408				
* ORG NUMBER: 2321				
NE YI ADULT/ADOLESCENT CNSLG	2321	9052185 **	9408	200
SE YI ALC FAMILY REHAB	2321	9052221 **	9408	180
MS YI ALIANZA HISPANA	2321	9059236 **	9408	850
WM YI ASOGS	2321	9059971	9408	350
SE YI ATTLEBORO YTH & FAM SVCS	2321	9052222 **	9408	170
MN YI BOYS & GIRLS CLUB/BOSTON	2321	9059972	9408	200
SE YI CAPE COUNSELING CENTER	2321	9052227 **	9408	190
NE YI CASPAR	2321	9051228 **	9408	200
MN YI CHELSEA ASAP	2321	9052609 **	9408	250
MN YI CONCILIO HISPANO	2321	9059973	9408	200
WM YI COUNSELING CENTERS OF W. MASS.	2321	9052616 **	9408	230
WM YI FRANKLIN MED CTR	2321	9059974	9408	110
SE YI GREATER TAUNTON COUNCIL ON ALC	2321	9052235 **	9408	100
NE YI LOWELL HOUSE	2321	9052979 **	9408	200
MS YI PEACEFUL MOVEMENT COMM	2321	9052510 **	9408	632
MS YI PEACEFUL MOVEMENT COMM	2321	9052981 **	9408	356
SE YI PORTUGUESE YOUTH CULT ORG	2321	9059975	9408	140
CM YI PROSPECT HOUSE	2321	9052243 **	9408	540
WM YI PROV HOSP/ELM ST HLTH CTR	2321	9059976	9408	110
MN YI SOMERVILLE PORT-AMER LEAG	2321	9051978	9408	200
CM YI TOGETHER	2321	9059977	9408	260
* Subsubtotal *				5100
** Subtotal **				5100
*** Total ***				5008725

Appendix 10
Federal Set Asides

FY89
WOMEN'S SET-ASIDE
4512-9404

REG	TY	VENDOR	ORG	ID CONTRACT	APPROP	MAXI OBLIG
APPROPRIATION: 9404						
ORG NUMBER: 2304						
SE	RH	CCAIRU/EMERSON	2304	9050073	9404	14473
CM	RH	FAITH HOUSE	2304	9053084	9404	15368
ORG NUMBER: 2305						
MN	OP	CASPAR	2305	9052258	9404	17149
MS	OP	WOMEN'S INC.	2304	9052172	9404	4691
ORG NUMBER: 2309 *						
SE	PC	ALC FAMILY REHAB/PATHWAY	2309	9052510	9404	23140
NE	PC	CTR ADDICTIVE BEHAVIORS	2309	9052248	9404	22558
MN	PC	MEDICAL FOUNDATION	2309	9052250	9404	21590
WM	PC	MULTI-SERVICE HEALTH	2309	9052252	9404	22562
CM	PC	NO CNTRL/TRI PRVNTN 1ST	2309	9052253	9404	21279
ORG NUMBER: 2310						
MN	NT	CASPAR DEAF WOMEN	2310	9053479	9404	89771
NE	NT	CTR FOR ADD. BEHAVRS (a)	2310	9052229	9404	25950
SE	NT	NEW BEDFORD COMM ALC (b)	2310	9052613	9404	23614
WM	NT	PROV HOSP/ELM ST CTR (c)	2310	9052480	9404	21645
ORG NUMBER: 2315						
MN	TC	CASPAR (d)	2315	9050570	9404	4800
MS	TC	WOMEN, INC. (d)	2315	9050220	9404	4800
ORG NUMBER: 2319:						
	CJ	SOCIAL JUSTICE-WOMEN (CM)	2319	9052262	9404	104057
ORG NUMBER: 2320						
SE	YR	CCAIRU/EMERSON YOUTH	2320	9050482	9404	108715

ORG NUMBER: 2321 *

NE	YI	ADULT/ADOLESCENT CNSLG	2321	9052185	9404	41520
SE	YI	ALC FAMILY REHAB	2321	9052221	9404	28009
SE	YI	ATTLEBORO YTH & FAM	2321	9052222	9404	13494
MN	YI	BOSTON CHINESE: YES	2321	9052224	9404	29064
SE	YI	CATHOLIC CHARITABLE BUR	2321	9052838	9404	37960
SE	YI	CCAIRU/COSNOLD	2321	9052226	9404	15570
MN	YI	CHELSEA ASAP	2321	9052609	9404	50000
CM	YI	COMMUNITY COUNSELING CTR	2321	9052610	9404	18000
WM	YI	COUNSELING CTR OF W. MA	2321	9052616	9404	24912
NE	YI	CTR FOR ADD BEHAVRS	2321	9052187	9404	41520
MS	YI	DIMOCK CHC	2321	9052611	9404	95000
NE	YI	EASTERN MIDDLESEX MHA	2321	9052188	9404	41520
NE	YI	ESSEX COUNTY DIST ATTY	2321	9052	9404	93420
MS	YI	FED DORCH NGHBRHD HOUSE	2321	9052232	9404	67470
WM	YI	FRANKLIN COMMUNITY	2321	9052233	9404	55014
SE	YI	GREATER TAUNTON COUNCIL	2321	9052235	9404	20760
NE	YI	LOWELL HOUSE	2321	9052979	9404	50000
SE	YI	MARTHA'S VINEYARD	2321	9052237	9404	3081
SE	YI	NEW BEDFORD CTR HUM SVCS	2321	9052239	9404	48786
MS	YI	PEACEFUL MOVEMENT COMM	2321	9052510	9404	67470
YI	YI	PROJECT RAP	2321	9052192	9404	41520
CM	YI	PROSPECT HOUSE	2321	9052243	9404	46710
MS	YI	SO SHORE COUNCIL/ALC	2321	9052194	9404	31140
MS	YI	SOCIEDAD LATINA	2321	9052245	9404	67470
SE	YI	STANLEY ST CTR/FR-NB CAP	2321	9052195	9404	40482
NE	YI	TEAM COORDINATING AGENCY	2321	9052615	9404	50000
CM	YI	TOGETHER	2321	9052196	9404	31137
CM	YI	TRI-LINK	2321	9052246	9404	29064
NE	YI	WATERTOWN MULTI-SRV CTR	2321	9052472	9404	31140

*WOMEN'S SETASIDE FOR PC IS 50% = \$555,653
 WOMEN'S SETASIDE FOR YI IS 50% = \$620,149

TOTAL

\$2075970

a) b) c) Pregnant addicts
 d) Child care

01-Jan-80 SET ASIDES

FY89 WOMEN'S SET-ASIDE 4512-9404/4512-9405

ORG.	PROGRAM TYPE	CONTRACT \$	% OF TOTAL FEDERAL DOLLARS
2304	RH	328,406	0.03
2305	OP	218,402	0.02
2306	ST	497,202	0.05
2309	PC	1,152,062	0.10
2310	NT	160,980	0.01
2311	SH	224,000	0.02
2315	TC	203,100	0.02
2318	MS	40,000	0.00
2319	CJ	172,057	0.02
2320	YR	108,715	0.01
2321	YI	1,211,233	0.11
	TOTAL	4,316,157	0.39

FY89
WOMEN'S SET-ASIDE
4512-9405

REG	TY	VENDOR	ORG	ID CONTRACT	APPROP	MAXI OBLIG
<u>APPROPRIATION: 9405</u>						
ORG NUMBER: 2304						
WM	RH	ASOGS/MY SISTER'S HOUSE	2304	9050069	9405	14995
CM	RH	PROSPECT HOUSE/CHANNINGII	2304	9050101	9405	14995
ORG NUMBER: 2306						
	ST	MASS OSTEOPATHIC HOSP	2306	9054175	9405	497202
ORG NUMBER: 2309 *						
SE	PC	ALC FAMILY REHAB/PATHWAY	2309	9052510	9405	21457
NE	PC	CTR FOR ADD BEHAVRS	2309	9052248	9405	16500
MN	PC	MEDICAL FOUNDATION	2309	9052250	9405	26500
NE	PC	MOUNT AUBURN HOSPITAL	2309	9051251	9405	16500
WM	PC	MULTI-SERVICE HEALTH	2309	9052252	9405	16500
CM	PC	NO CNTRL/TRI PRVNTN 1st	2309	9052253	9405	16500
NE	PC	PSYCHOLOGICAL CTR	2309	9051183	9405	74300
MS	PC	SO SHORE COUNCIL/ALC	2309	9051184	9405	46500
ORG NUMBER: 2311						
NE	SH	LOWELL HOUSE/TEWKSBURY	2311	9054901	9405	224000
ORG NUMBER: 2315						
MN	TC	CASPER	2315	9050570	9405	6000
MS	TC	TRUSTEES HLTH & HOS/BCH	2315	9050578	9405	187500
ORG NUMBER: 2318						
MN	MS	TRUSTEES HLTH & HOS/BCH	2318	9051250	9405	40000
ORG NUMBER: 2319						
CM	CJ	SOCIAL JUSTICE/WOMEN	2319	9052262	9405	68000
* TOTAL						1170070
*WOMEN'S SETASIDE FOR PC IS 50% = \$117,379						

Appendix 11

FY90 Service Contracts

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 90
budgcont

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
** APPROPRIATION: 0200				
* ORG NUMBER:				
MS DD RFP /SS SEC.35 DETOX	0		* 0200	10000
* Subsubtotal *				10000
* ORG NUMBER: 2303				
WM DA ADSWM/SPRINGFIELD DETOX	2303	0050051	** 0200	690344
MS DA BAYCOVE HUMAN SRV/ANDREW DETOX	2303	0050052	** 0200	587793
WM DA BERKSHIRE COA/DOYLE DETOX	2303	0050053	** 0200	357413
MN DA BOS ALC DTX PRJ/BOS DETOX	2303	0050054	** 0200	710933
MN DA CASPAR DETOX	2303	0050055	** 0200	509562
SE DA CATH CHARTBL BUR/BROCKTON	2303	0050782	** 0200	509029
SE DA CCAIRU/ GOSNOLD DETOX	2303	0050208	** 0200	34966
NE DA CTR ADD BEH/NO SHORE DTX	2303	0050057	** 0200	646252
MS DA DIMOCK DETOX	2303	0050058	** 0200	348620
WM DA FRNKLN MED CTR/BEACON DTX	2303	0050059	** 0200	287564
NE DA LOWELL GENERAL HOSPITAL	2303	0050781	** 0200	284810
NE DA MIDDLESEX REGL ALC CTR	2303	0050061	** 0200	513717
CM DA NO CENTRAL ALC COMM	2303	0050062	** 0200	509768
MS DA POSITIVE LIFESTYLES	2303	0050050	** 0200	507845
WM DA PROV HOSP/HOLYOKE ALC DTX	2303	0050063	** 0200	416991
MS DA QUINCY DETOXIFICATION CTR	2303	0050064	** 0200	383751
CM DA SO MIDDLESEX/FRMNGHM DTX	2303	0050065	** 0200	506037
SE DA STANLEY ST CTR/FR-NB CAP	2303	0050066	** 0200	468121
CM DA WORCESTER CITY HOSPITAL	2303	0050067	** 0200	550142
* Subsubtotal *				8823658
* ORG NUMBER: 2304				
WM RH ADSWM/MY SISTER'S HOUSE	2304	0050069	** 0200	206490
WM RH ADSWM/OPPORTUNITY HOUSE	2304	0050068	0200	348994
SE RH ANCHOR HOUSE	2304	0050070	0200	158698
MN RH ARCH FOUNDATION/GAVIN	2304	0050071	0200	229160
WM RH BERKSHIRE COA/BRKSHR WEST	2304	0050072	0200	160428
MS RH BOSTON HAMILTON/HAMILTON	2304	0050090	0200	177752
MN RH CASPAR/ WOMENPLACE	2304	0050077	0200	199747
MN RH CASPAR/MEN	2304	0050076	0200	439931
CM RH CATH CHAR WORC /CROZIER	2304	0050080	0200	200204
SE RH CATH CHARTBL BUR/EDWINA	2304	0050517	0200	200225
SE RH CATH CHARTBL BUR/RECOVERY	2304	0050516	0200	265588
SE RH CCAIRU/ STEPHEN MILLER	2304	0050074	0200	231527
NE RH CTR ADD BEHAV/RYAN REHAB	2304	0050081	0200	199883
MS RH DIMOCK CHC	2304	0050082	0200	199470
NE RH E MIDDLESEX ALC SVC	2304	0050083	0200	229143

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 90
budgcont

REG	TY	VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
MS	RH	FLYNN CHRISTIAN FELLOWSHIP	2304	0050085	0200	343495
WM	RH	FRNKLN MED CTR/BEACON MEN	2304	0050566	0200	150408
WM	RH	FRNKLN MED CTR/BEACON WMN	2304	0050086	0200	155728
WM	RH	GANDARA MHC/GANDARA HOUSE	2304	0050087	0200	197033
CM	RH	GARDNER-ATHOL MHA/PATHWAY	2304	0050088	0200	170626
MN	RH	GRANADA HOUSE	2304	0050600	0200	197913
MN	RH	HOPE HOUSE	2304	0050091	0200	749891
NE	RH	HURLEY HOUSE	2304	0050092	0200	199467
MS	RH	INTERIM HOUSE	2304	0050093	0200	178668
NE	RH	LINK HOUSE	2304	0050202	0200	160013
NE	RH	LOWELL HOUSE	2304	0050094	0200	210234
WM	RH	MULTI-SVC HEALTH:HAIRSTON	2304	0050095 **	0200	169842
SE	RH	NEW BEDFORD COA/ HARMONY HOUSE	2304	0050096	0200	200783
MN	RH	NEW PATHWAYS-LIFE/ANSWER	2304	0050097	0200	228421
SE	RH	NORTH COTTAGE	2304	0050098	0200	512078
WM	RH	NRTHN EDUC SVC/ETHOS I	2304	0050099 **	0200	169984
NE	RH	PROJ COPE/SISTER COURAGE	2304	0050100	0200	200274
CM	RH	PROSPECT HOUSE/CHANNING I	2304	0050102	0200	198963
CM	RH	PROSPECT HOUSE/CHANNINGII	2304	0050101 **	0200	150089
WM	RH	PROV HOSP/TURNING POINT	2304	0050103 **	0200	118227
NE	RH	PSYCH CENTER/FOUNDATION	2304	0050104	0200	161706
MN	RH	REHABILITATION & HEALTH	2304	0050105	0200	211633
MN	RH	SALVN ARMY/ HARBOR LIGHT	2304	0050106	0200	381621
CM	RH	SERENITY HOUSE	2304	0050107	0200	179621
MS	RH	SHEPHERD HOUSE	2304	0050602	0200	178658
MS	RH	SO SHORE HALFWAY HOUSE	2304	0050109	0200	199284
MS	RH	ST. JUDE HOUSE	2304	0050110	0200	209520
SE	RH	STEPPINGSTONE	2304	0050111 **	0200	203373
CM	RH	URBN-SBRBN MNSTRY/HSPTLT	2304	0050112	0200	191513
MN	RH	VICTORY HOUSE	2304	0050113 **	0200	200389
MN	RH	VOLUNTEERS OF AM/ HELLO	2304	0050114	0200	228853
* Subsubtotal *						10455548
* ORG NUMBER: 2305						
WM	OP	ADSWM/SLOAN CLINIC	2305	0051118	0200	152912
NE	OP	ADULT/ADOLESCENT CNLSG	2305	0051115	0200	159671
SE	OP	ALC FAMILY REHAB	2305	0051117	0200	220499
MS	OP	ALIANZA HISPANA	2305	0051145	0200	92400
NE	OP	ASSABET HUMAN SERVICES	2305	0051254	0200	21313
SE	OP	ATTLEBORO YTH & FAM SVCS	2305	0051255	0200	98122
CM	OP	BANCROFT HUMAN SERVICES	2305	0051120	0200	76929
NE	OP	BAY COLONY HLTH SRVS	2305	0051256	0200	29795
MN	OP	BAYCOVE HUMAN SRV/ANDREW HOUSE	2305	0051119	0200	101310
WM	OP	BERKSHIRE COUNCIL ON ALC	2305	0051121	0200	206725

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REG	TY	VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
MN	OP	BRIDGE	2305	0051122 **	0200	114051
MS	OP	BRIG & WMNS HOSP/P B BRGM	2305	0051123	0200	79476
MS	OP	BRIG & WMNS HOSP/SO JM PL	2305	0051124	0200	111771
SE	OP	CAPE COUNSELING CENTER	2305	0051126	0200	110322
SE	OP	CATHOLIC CHARITABLE BUR	2305	0051837	0200	227665
NE	OP	CENTER FOR MH & RETARD	2305	0051259	0200	63869
NE	OP	CENTRO PANAMERICANO	2305	0051279	0200	42545
MN	OP	CHELSEA ASAP	2305	0051618	0200	63588
NE	OP	CTR FOR ADDICTIVE BEHAVRS	2305	0051129	0200	146878
MS	OP	DIMOCK CHC	2305	0051136	0200	237968
NE	OP	EASTERN MIDDLESEX MHA	2305	0051230	0200	39916
MS	OP	F.I.R.S.T.	2305	0051232	0200	101183
MS	OP	FED. DORCH NGHBRHD HOUSES	2305	0051137	0200	43711
WM	OP	FRNKLN MED CTR/BEACON CLC	2305	0051233	0200	150030
WM	OP	GANDARA MENTAL HEALTH CTR	2305	0051234	0200	122422
MN	OP	GENERAL HOSPITAL CORP/M G H	2305	0051139	0200	68525
SE	OP	GREATER TAUNTON COUNCIL ON ALC	2305	0051141	0200	151165
MS	OP	HARBOR HEALTH SVC/DORCH ALC	2305	0051142	0200	63508
CM	OP	HARRINGTON MEMORIAL HOSP/GWELL	2305	0051235	0200	113176
MN	OP	JFK FAMILY SERVICE CENTER	2305	0051144	0200	47999
SE	OP	MARTHA'S VINEYARD	2305	0051148	0200	21320
MN	OP	MOUNT AUBURN HOSPITAL	2305	0050149	0200	107671
WM	OP	MULTI-SERVICE HEALTH	2305	0051150 **	0200	159829
SE	OP	NEW BEDFORD AREA CTR HUM SRVCS	2305	0051151	0200	215302
CM	OP	NO CENTRAL ALC COMM	2305	0051153	0200	225567
MN	OP	NODDLES IS MULTI SRV AG	2305	0051236	0200	94694
WM	OP	NRTHN EDUC SVC/ETHOS III	2305	0051814	0200	127145
NE	OP	NUVA	2305	0051238	0200	103069
MS	OP	PEACEFUL MOVEMENT COMMITTEE	2305	0051815 **	0200	70603
NE	OP	PROJECT COPE/RECOVERY RESOURCE	2305	0051243	0200	178265
NE	OP	PROJECT RAP	2305	0051244	0200	71712
CM	OP	PROSPECT HOUSE	2305	0051157 **	0200	78288
WM	OP	PROV HOSP/ELM ST HLTH CTR	2305	0051158 **	0200	113822
NE	OP	PSYCHOLOGICAL CENTER	2305	0051159 **	0200	165005
MN	OP	SO BOSTON ACTION COUNCIL	2305	0051161	0200	71727
MS	OP	SO SHORE COUNCIL ON ALC	2305	0051163 **	0200	69949
MN	OP	ST ELIZABETHS HOSP/SECAP	2305	0051165	0200	51092
CM	OP	ST. VINCENT HOSPITAL	2305	0050166	0200	77895
MS	OP	SURVIVAL	2305	0051239	0200	124163
MN	OP	TRUSTEES HLTH & HOSP/BCH	2305	0051240	0200	197503

* Subsubtotal *

5584065

* ORG NUMBER: 2306

WM ST ADSWM/QUARRY HILL REHAB

2306 0050174 ** 0200

412723

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REG TY VENDOR	ORG	ID CONTRCT	APPROP	MAXIMUM OBLIGATION
NE ST CTR ADD BEH/NO SHORE RIC	2306	0050467	0200	348117
ST MASS OSTEOPATHIC HOSP	2306	0054175 **	0200	42269
SE ST STANLEY ST TREATMENT & RES CTR	2306	0050831	0200	538602
* Subsubtotal *				1341711
* ORG NUMBER: 2307				
MN PI CASPAR PIP	2307	0053176 **	0200	254635
NE PI PSYCH CENTER/LAWRENCE PIP	2307	0050177 **	0200	159470
CM PI WORCESTER PIP	2307	0053178 **	0200	193624
* Subsubtotal *				607729
* ORG NUMBER: 2308				
MN TF BOSTON ALC DETOX PROJECT	2308	0050179	0200	542088
NE TF MIDDLESEX REGL ALC CTR	2308	0050180	0200	130636
MS TF POSITIVE LIFESTYLS/MATT SQ	2308	0050181	0200	539830
CM TF WORCESTER CITY HOSPITAL	2308	0050182	0200	73892
* Subsubtotal *				1286446
* ORG NUMBER: 2309				
SE PC ALC FAMILY REHAB/PATHWAYS	2309	0052510 **	0200	86254
NE PC CTR FOR ADDICTIVE BEHAVRS	2309	0052248 **	0200	82188
MN PC MEDICAL FOUNDATION	2309	0052250 **	0200	78259
NE PC MOUNT AUBURN HOSPITAL	2309	0051251 **	0200	75198
WM PC MULTI-SERVICE HEALTH	2309	0052252 **	0200	83763
CM PC NO CNTRL/TRI PRVNTN FIRST	2309	0052253 **	0200	77824
NE PC PSYCHOLOGICAL CENTER	2309	0051183 **	0200	106639
MS PC SO SHORE COUNCIL ON ALC	2309	0051184 **	0200	80909
* Subsubtotal *				671034
* ORG NUMBER: 2310				
MN NT CASPAR ALC EDUC	2310	0051186	0200	64293
NE NT CENTRO PANAMERICANO	2310	0051230	0200	79987
NE NT EASTERN MIDDLESEX MHA	2310	0051231	0200	36519
NT EMERG NURSES C.A.R.E. (CM)	2310	0051249	0200	79937
WM NT FRNKLN MED CTR/BEACON CLC	2310	0050877	0200	14294
WM NT GANDARA MENTAL HEALTH CTR	2310	0051457 **	0200	124746
NE NT LOWELL HOUSE	2310	0051872	0200	27208
NE NT NUVA	2310	0051241 **	0200	95624
SE NT PORTUGUESE YOUTH CULTURAL ORG	2310	0051191	0200	53378
MN NT SOBRIETY T E & P /STEP	2310	0051193	0200	266776
MN NT TRUSTEES HLTH & HOSP/BCH	2310	0051197	0200	165956

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REG TY VENDOR	ORG	ID CONTRCT	APPROP	MAXIMUM OBLIGATION
* Subsubtotal *				1008718
* ORG NUMBER: 2311				
SE SH NORTH COTTAGE	2311	0050198	0200	96992
* Subsubtotal *				96992
* ORG NUMBER: 2312				
SE DN CCAIRU/EDUC&INTERVNTN CTR	2312	0050199	** 0200	399271
* Subsubtotal *				399271
* ORG NUMBER: 2314				
NE DU MIDDLESEX COUNTY HOSPITAL	2314	0050631	0200	260695
* Subsubtotal *				260695
* ORG NUMBER: 2315				
MN TC CASPAR	2315	0050570	0200	314668
MS TC F.I.R.S.T. RES	2315	0050214	** 0200	224537
MS TC F.I.R.S.T./ HISP ACAD	2315	0050213	** 0200	141436
MS TC F.I.R.S.T./ALGONQUIN	2315	0050215	0200	219614
WM TC MARATHON HOUSE	2315	0050216	** 0200	305528
MN TC NODDLES IS MSA/MRIDIAN	2315	0050217	** 0200	226861
NE TC PROJECT COPE	2315	0050267	0200	206513
WM TC PROVIDENCE HOSPITAL	2315	0050999	0200	251166
CM TC SPECTRUM	2315	0050470	** 0200	483242
CM TC SPECTRUM TC PAROLEES	2315	0050839	0200	251166
NE TC TEAM COORDINATING AGENCY	2315	0050204	** 0200	133228
MS TC WOMEN, INC.	2315	0050220	** 0200	229620
* Subsubtotal *				2987579
* ORG NUMBER: 2316				
MS VE ADAPT	2316	0052265	** 0200	53946
MN VE BRIDGE	2316	0051266	** 0200	18078
MN VE NO CHARLES MH RES & TRNG	2316	0052617	** 0200	22054
CM VE SPECTRUM	2316	0051207	** 0200	14902
* Subsubtotal *				108980
* ORG NUMBER: 2317				
MN DD CASPAR DRUG DETOX	2317	0054936	** 0200	29020
NE DD CTR ADD BEH/NO SHORE DTX	2317	0050521	** 0200	117208

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REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
MS DD DIMOCK DRG DETOX	2317	0055836	** 0200	439538
NE DD LOWELL GENERAL HOSPITAL	2317	0054820	** 0200	110006
WM DD PROV HOSP/HOLYOKE DRUG DX	2317	0050210	** 0200	88331
MS DD QUINCY DRG DETOX	2317	0054825	** 0200	94994
CM DD SPECTRUM DRG DETOX	2317	0050211	** 0200	165550
SE DD STANLEY ST CTR/FR-NB CAP	2317	0050212	** 0200	17366
CM DD WORCESTER CITY HOSPITAL	2317	0054938	** 0200	32745
* Subsubtotal *				1094758
* ORG NUMBER: 2319				
WM CJ BERKSHIRE CRCTNL SVCS	2319	0051254	** 0200	13316
MS CJ F.I.R.S.T.	2319	0051465	0200	71756
WM CJ FRANKLIN MED CTR	2319	0051255	0200	10598
WM CJ GANDARA MNTL HLTH CTR	2319	0051256	0200	31937
WM CJ MULTI-SERVICE HEALTH	2319	0051257	** 0200	19178
WM CJ NORTHERN EDUCAT SVCS	2319	0051951	0200	23747
NE CJ PROJECT RAP	2319	0051259	** 0200	27204
CM CJ PROSPECT HOUSE	2319	0051260	** 0200	80145
MN CJ SPAN	2319	0051263	0200	146544
* Subsubtotal *				424425
* ORG NUMBER: 2320				
SE YR ATTLE YTH & FAM/ROAD BACK	2320	0050505	** 0200	302311
CM YR BANCROFT HUM SVCS/RUTLAND	2320	0050201	** 0200	277569
WM YR PROV HOSP/HONOR HOUSE	2320	0050218	** 0200	312904
NE YR PSYCH CENTER/PEGASUS	2320	0050219	** 0200	282019
MS YR SO SH CNCL ON ALC/ODYSSEY	2320	0053469	** 0200	314325
MS YR VOLUNTEERS OF AM/REBOUND	2320	0050205	** 0200	499124
* Subsubtotal *				1988252
* ORG NUMBER: 2324				
MN OP ALC SAFETY ACT/BOS ASAP	2324	0	0200	1
SE OP BILLINGS HUMAN SERVICES	2324	0	0200	1
OP DAE BLANKET	2324	0059996	0200	2000
NE OP GREATER CAPE ANN HUMAN SERVICES	2324	0	0200	1
MS OP VALLE ASSOCIATES	2324	0	0200	1
* Subsubtotal *				2004
** Subtotal **				37151865

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REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
** APPROPRIATION: 9404				
* ORG NUMBER:				
		MINORITY RECRUITMENT	.0344556 *	9404 30000
		REVOLVING LOAN ACCOUNT	*	9404 110000
SE NT RFP /SS CCAIRU DEAF		0	*	9404 27040
NT RFP /SS GRAD HOUSE LOAN		0	*	9404 100000
RFP /SS HISPANIC OUTREACH		0	*	9404 50000
MS NT RFP /SS SHATTUCK AIDS		0	*	9404 57500
* Subsubtotal *				374540
* ORG NUMBER: 2303				
WM DA ADSWM/SPRINGFIELD DETOX	2303	0050051	** 9404	65370
WM DA BERKSHIRE COA/DOYLE DETOX	2303	0050053	** 9404	33844
MN DA BOS ALC DTX PRJ/BOS DETOX	2303	0050054	** 9404	67325
MN- DA CASPAR DETOX	2303	0050055	** 9404	48255
SE DA CATH CHARTBL BUR/BROCKTON	2303	0050782	** 9404	48205
SE DA CCAIRU/ GOSNOLD DETOX	2303	0050208	** 9404	3367
NE DA CTR ADD BEH/NO SHORE DTX	2303	0050057	** 9404	61200
MS DA DIMOCK DETOX	2303	0050058	** 9404	33014
WM DA FRNKLN MED CTR/BEACON DTX	2303	0050059	** 9404	27230
NE DA MIDDLESEX REGL ALC CTR	2303	0050061	** 9404	48650
CM DA NO CENTRAL ALC COMM	2303	0050062	** 9404	48270
MS DA POSITIVE LIFESTYLES	2303	0050050	** 9404	48080
WM DA PROV HOSP/HOLYOKE ALC DTX	2303	0050063	** 9404	39490
MS DA QUINCY DETOXIFICATION CTR	2303	0050064	** 9404	36300
CM DA SO MIDDLESEX/FRMNGHM DTX	2303	0050065	** 9404	47920
CM DA WORCESTER CITY HOSPITAL	2303	0050067	** 9404	52100
* Subsubtotal *				708620
* ORG NUMBER: 2304				
WM RH ADSWM/MY SISTER'S HOUSE	2304	0050069	** 9404	15310
MS RH CASA ESPERANZA	2304	0053075	9404	232491
SE RH CCAIRU/ EMERSON	2304	0050073	9404	149442
CM RH FAITH HOUSE	2304	0053084	9404	156908
WM RH MULTI-SVC HEALTH:HAIRSTON	2304	0050095	** 9404	3410
WM RH PROV HOSP/TURNING POINT	2304	0050103	** 9404	15310
* Subsubtotal *				572871
* ORG NUMBER: 2305				
SE OP ALC FAMILY REHAB/BRIDGEWATER	2305	0055811	9404	84784

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REG	TY	VENDOR	ORG	ID	CONTRCT	APPROP	MAXIMUM OBLIGATION
MN	OP	BRIDGE	2305	0051122	** 9404		20420
SE	OP	CAPE COD MHA/CTR INDL FAM	2305	0052125	9404		109888
MN	OP	CASPAR	2305	0052258	9404		177886
SE	OP	CCAIRU/ GOSNOLD	2305	0051257	9404		110663
CM	OP	COMMUNITY COUNSELING CTR	2305	0052619	9404		86365
MN	OP	CONCILIO HISPANO	2305	0052133	9404		128275
MS	OP	DIMOCK/ROXBURY COURT	2305	0052620	9404		90083
SE	OP	FAM & CHLD SVCS/NANTUCKET	2305	0052621	9404		15057
NE	OP	LOWELL GENERAL HOSPITAL	2305	0052622	9404		119905
NE	OP	LOWELL HOUSE	2305	0052812	9404		147864
WM	OP	MULTI-SERVICE HEALTH	2305	0051150	** 9404		21758
WM	OP	MULTI-SERVICE HEALTH	2305	005	* 9404		25000
MS	OP	NEWTON-W-W-N MLTI SRV CTR	2305	0052152	9404		69302
MS	OP	NORFOLK MHA/CUTLER CNSLNG	2305	0052237	9404		85028
MS	OP	PEACEFUL MOVEMENT COMMITTEE	2305	0051815	** 9404		35315
CM	OP	PROSPECT HOUSE	2305	0051157	** 9404		13273
WM	OP	PROV HOSP/ELM ST HLTH CTR	2305	0051158	** 9404		126567
NE	OP	PSYCHOLOGICAL CENTER	2305	0051159	** 9404		10210
CM	OP	SO MIDDLESEX OPPOR CNCL	2305	0052162	9404		138371
MS	OP	SO SHORE COUNCIL ON ALC	2305	0051163	** 9404		25525
MN	OP	SOMERVILLE PORT-AMER LEAG	2305	0052160	** 9404		64450
MS	OP	SOUTHWEST BOSTON COMM SVC	2305	0055474	9404		84784
CM	OP	SPECTRUM	2305	0052164	9404		63612
SE	OP	STANLEY ST CTR/FR-NB CAP	2305	0052167	9404		225063
NE	OP	TEAM COORDINATING AGENCY	2305	0052605	9404		147192
CM	OP	TOGETHER	2305	0052169	9404		69804
MS	OP	WOMEN, INC.	2305	0052172	9404		47896
* Subsubtotal *							2344340
* ORG NUMBER: 2306							
		ST MASS OSTEOPATHIC HOSP	2306	0054175	** 9404		457643
* Subsubtotal *							457643
* ORG NUMBER: 2307							
MN	PI	CASPAR PIP	2307	0053176	** 9404		137750
NE	PI	PSYCH CENTER/LAWRENCE PIP	2307	0050177	** 9404		86500
CM	PI	WORCESTER PIP	2307	0053178	** 9404		104967
* Subsubtotal *							329217
* ORG NUMBER: 2309							
SE	PC	ALC FAMILY REHAB/PATHWAYS	2309	0052510	** 9404		140705
NE	PC	CTR FOR ADDICTIVE BEHAVRS	2309	0052248	** 9404		134985

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REG	TY	VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
MN	PC	MEDICAL FOUNDATION	2309	0052250 **	9404	129457
NE	PC	MOUNT AUBURN HOSPITAL	2309	0051251 **	9404	125155
WM	PC	MULTI-SERVICE HEALTH	2309	0052252 **	9404	137205
CM	PC	NO CNTRL/TRI PRVNTN FIRST	2309	0052253 **	9404	128855
NE	PC	PSYCHOLOGICAL CENTER	2309	0051183 **	9404	169385
MS	PC	SO SHORE COUNCIL ON ALC	2309	0051184 **	9404	133195
* Subsubtotal *						1098942
* ORG NUMBER: 2310						
SE	NT	ASSN SAN MARTIN DE PORRES	2310	0052607	9404	91024
MS	NT	BAYCOVE HUMAN SERVICES	2310	0052878	9404	21500
MN	NT	CASPAR DEAF WOMEN	2310	0053479	9404	92062
CM	NT	CENTROS LAS AMERICAS	2310	0055817	9404	25525
MN	NT	CONCILIO HISPANO	2310	0055818	9404	30630
NE	NT	CTR FOR ADDICTIVE BEHAVRS	2310	0052229	9404	26750
MS	NT	F.I.R.S.T.	2310	0055484	9404	110904
MN	NT	FENWAY CHC	2310	0050879	9404	135000
WM	NT	GANDARA MENTAL HEALTH CTR	2310	0051457 **	9404	25525
SE	NT	GREATER TAUNTON COUNCIL ON ALC	2310	0055827	9404	39479
SE	NT	NEW BEDFORD COMM ON ALC	2310	0052613	9404	24110
SE	NT	NEW BEDFORD COMM ON ALC	2310	0055821	9404	10210
SE	NT	NEW BEDFORD CTR HUM SVCS	2310	0052614	9404	94808
NE	NT	NUVA	2310	0051241 **	9404	13376
NE	NT	NUVA	2310	0055822	9404	30906
MN	NT	POSITIVE LIFESTYLES	2310	0054577	9404	117325
NE	NT	PROJECT RAP	2310	0055823	9404	26856
WM	NT	PROV HOSP/ELM ST HLTH CTR	2310	0052480 **	9404	22100
NE	NT	PSYCHOLOGICAL CENTER	2310	0055824	9404	26546
MN	NT	SOMERVILLE PORT-AMER LEAG	2310	0055826	9404	10278
* Subsubtotal *						974914
* ORG NUMBER: 2311						
NE	SH	LOWELL HOUSE/TEWKSBURY	2311	0054901	9404	225250
* Subsubtotal *						225250
* ORG NUMBER: 2313						
		IR F.I.R.S.T., IR	2313	0055567	9404	260559
* Subsubtotal *						260559
* ORG NUMBER: 2315						
MS	TC	F.I.R.S.T./ HISP ACAD	2315	0050213 **	9404	30639

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REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
MS TC PROJECT TURNABOUT	2315	0054582 **	9404	227944
MS TC TRUSTEES HLTH & HOSP/BCH	2315	0050578 **	9404	192065
MS TC WOMEN, INC.	2315	0050220 **	9404	4901
* Subsubtotal *				455549
* ORG NUMBER: 2316				
MS VE ADAPT	2316	0052265 **	9404	125880
MN VE BRIDGE	2316	0051266 **	9404	42000
MN VE NO CHARLES MH RES & TRNG	2316	0052617 **	9404	50000
CM VE SPECTRUM	2316	0051207 **	9404	34000
* Subsubtotal *				251880
* ORG NUMBER: 2317				
MN DD CASPAR DRUG DETOX	2317	0054936 **	9404	20980
NE DD CTR ADD BEH/NO SHORE DTX	2317	0050521 **	9404	84725
MS DD DIMOCK DRG DETOX	2317	0055836 **	9404	141235
NE DD LOWELL GENERAL HOSPITAL	2317	0054820 **	9404	157665
MS DD POSITIVE LIFESTYLES	2317	0054937 **	9404	153987
WM DD PROV HOSP/HOLYOKE DRUG DX	2317	0050210 **	9404	63850
MS DD QUINCY DRG DETOX	2317	0054825 **	9404	68670
CM DD SPECTRUM DRG DETOX	2317	0050211 **	9404	318315
SE DD STANLEY ST CTR/FR-NB CAP	2317	0050212 **	9404	376543
CM DD WORCESTER CITY HOSPITAL	2317	0054938 **	9404	23670
* Subsubtotal *				1409640
* ORG NUMBER: 2318				
MN MS BAYCOVE HUMAN SERVICES	2318	0052241 **	9404	293365
WM MS PROVIDENCE HOSPITAL	2318	0052245 **	9404	241026
* Subsubtotal *				534391
* ORG NUMBER: 2319				
WM CJ BERKSHIRE CRCTNL SVCS	2319	0051254 **	9404	18378
WM CJ MULTI-SERVICE HEALTH	2319	0051257 **	9404	4788
NE CJ PROJECT RAP	2319	0051259 **	9404	15315
CM CJ PROSPECT HOUSE	2319	0051260 **	9404	16336
CM CJ SOCIAL JUSTICE FOR WOMEN	2319	0052262	9404	175670
* Subsubtotal *				230487
* ORG NUMBER: 2320				
SE YR CCAIRU/ EMERSON YOUTH	2320	0050482	9404	112344

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
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REG	TY	VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
WM	YR	PROV HOSP/HONOR HOUSE	2320	0050218	** 9404	49765
NE	YR	PSYCH CENTER/PEGASUS	2320	0050219	** 9404	44855
MS	YR	SO SH CNCL ON ALC/ODYSSEY	2320	0053469	** 9404	49991
MS	YR	VOLUNTEERS OF AM/REBOUND	2320	0050205	** 9404	79383
* Subsubtotal *						336338
* ORG NUMBER: 2321						
SE	YI	ALC FAMILY REHAB	2321	0052221	** 9404	28597
MS	YI	ALIANZA HISPANA	2321	0059236	** 9404	1215
SE	YI	ATTLEBORO YTH & FAM SVCS	2321	0052222	** 9404	14315
WM	YI	BERKSHIRE COUNCIL ON ALC	2321	0051223	9404	32890
MN	YI	BOSTON CHINESE:YES	2321	0052224	9404	30228
MN	YI	BRIDGE	2321	0051225	9404	76888
SE	YI	CAPE COUNSELING CENTER	2321	0052227	** 9404	30124
MN	YI	CASPAR	2321	0051228	** 9404	65725
SE	YI	CATHOLIC CHARITABLE BUR	2321	0052838	9404	38794
SE	YI	CCAIRU/ GOSNOLD	2321	0055226	9404	16115
MN	YI	CHELSEA ASAP	2321	0052609	** 9404	51050
CM	YI	COMMUNITY COUNSELING CTR	2321	0052610	9404	18637
NE	YI	CTR FOR ADDICTIVE BEHAVRS	2321	0052187	9404	42922
MS	YI	DIMOCK CHC	2321	0052611	9404	106831
NE	YI	EASTERN MIDDLESEX MHA	2321	0052188	** 9404	84080
NE	YI	ESSEX COUNTY DIST. ATTY.	2321	0052979	9404	95382
MS	YI	FED. DORCH NGHBRHD HOUSES	2321	0052232	9404	70301
WM	YI	FRANKLIN COMMUNITY ACTION	2321	0052233	9404	56664
SE	YI	GREATER TAUNTON COUNCIL ON ALC	2321	0052235	** 9404	21196
NE	YI	LOWELL HOUSE	2321	0052979	** 9404	51050
SE	YI	MARTHA'S VINEYARD	2321	0052237	9404	3183
WM	YI	MULTI-SERVICE HEALTH	2321	0051238	9404	28075
SE	YI	NEW BEDFORD CTR HUM SVCS	2321	0052239	9404	49913
MS	YI	PEACEFUL MOVEMENT COMMITTEE	2321	0052981	** 9404	70391
NE	YI	PROJECT RAP	2321	0052192	9404	42936
CM	YI	PROSPECT HOUSE	2321	0052243	** 9404	47691
WM	YI	PROV HOSP/ELM ST HLTH CTR	2321	0051244	** 9404	55534
MN	YI	SO BOSTON ACTION COUNCIL	2321	0051503	9404	70282
MS	YI	SO SHORE COUNCIL ON ALC	2321	0052194	9404	32060
MS	YI	SOCIEDAD LATINA	2321	0052245	9404	69895
SE	YI	STANLEY ST CTR/FR-NB CAP	2321	0052195	9404	41986
NE	YI	TEAM COORDINATING AGENCY	2321	0052615	9404	51800
CM	YI	TOGETHER	2321	0052196	9404	32268
CM	YI	TRI-LINK	2321	0052246	9404	30169
WM	YI	W. W. JOHNSON LIFE CENTER	2321	0051473	9404	85520
NE	YI	WATERTOWN MULTI-SRV CTR	2321	0052472	9404	32215
* Subsubtotal *						

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
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budgcont

REG	TY	VENDOR	ORG	ID CONTRCT	APPROP	MAXIMUM OBLIGATION
						1676922
*		ORG NUMBER: 2323				
		DA ATTENDANT BLANKET	2323	0054468	9404	65000
*		Subsubtotal *				65000
*		ORG NUMBER: 3019				
		CHMC POISON CONTROL CENTER/MCH	3019	0115290	* 9404	15000
*		Subsubtotal *				15000
**		Subtotal **				12322103

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 90
budgcont

REG TY VENDOR	ORG	ID CONTRACT	APPROX	MAXIMUM OBLIGATION
** APPROPRIATION: 9405				
* ORG NUMBER: 2303				
MS DA BAYCOVE HUMAN SRV/ANDREW DETOX	2303	0050052	** 9405	55700
NE DA LOWELL GENERAL HOSPITAL	2303	0050781	** 9405	26970
SE DA STANLEY ST CTR/FR-NB CAP	2303	0050066	** 9405	44330
* Subsubtotal *				127000
* ORG NUMBER: 2304				
WM RH NRTHN EDUC SVC/ETHOS I	2304	0050099	** 9405	22965
CM RH PROSPECT HOUSE/CHANNINGII	2304	0050101	** 9405	15310
SE RH STEPPINGSTONE	2304	0050111	** 9405	16320
MN RH VICTORY HOUSE	2304	0050113	** 9405	18342
* Subsubtotal *				72937
* ORG NUMBER: 2306				
ST MASS OSTEOPATHIC HOSP	2306	0054175	** 9405	50000
* Subsubtotal *				50000
* ORG NUMBER: 2309				
SE PC ALC FAMILY REHAB/PATHWAYS	2309	0052510	** 9405	30000
NE PC CTR FOR ADDICTIVE BEHAVRS	2309	0052248	** 9405	30000
MN PC MEDICAL FOUNDATION	2309	0052250	** 9405	30000
NE PC MOUNT AUBURN HOSPITAL	2309	0051251	** 9405	30000
WM PC MULTI-SERVICE HEALTH	2309	0052252	** 9405	30000
CM PC NO CNTRL/TRI PRVNTN FIRST	2309	0052253	** 9405	30000
NE PC PSYCHOLOGICAL CENTER	2309	0051183	** 9405	30000
MS PC SO SHORE COUNCIL ON ALC	2309	0051184	** 9405	30000
* Subsubtotal *				240000
* ORG NUMBER: 2311				
NE SH LOWELL HOUSE/TEWKSBURY	2311	0054901	** 9405	30000
* Subsubtotal *				30000
* ORG NUMBER: 2312				
SE DN CCAIRU/EDUC&INTERVNTN CTR	2312	0050199	** 9405	26546
* Subsubtotal *				26546

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 90
budgcont

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
* ORG NUMBER: 2315				
WM TC MARATHON HOUSE	2315	0050216 **	9405	15288
MN TC NODDLES IS MSA/MRIDIAN	2315	0050217 **	9405	30620
CM TC SPECTRUM	2315	0050470 **	9405	28584
* Subsubtotal *				74492
* ORG NUMBER: 2317				
MS DD DIMOCK DRG DETOX	2317	0055836 **	9405	80000
CM DD SPECTRUM DRG DETOX	2317	0050211 **	9405	90750
* Subsubtotal *				170750
* ORG NUMBER: 2320				
SE YR ATTLE YTH & FAM/ROAD BACK	2320	0050505 **	9405	47135
CM YR BANCROFT HUM SVCS/RUTLAND	2320	0050201 **	9405	44146
* Subsubtotal *				91281
** Subtotal **				883006

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 90
budgcont

REG TY VENDOR

ORG ID
CONTRACT
APPROP MAXIMUM
OBLIGATION

** APPROPRIATION: 9406

* ORG NUMBER: 2309

SE PC ALC FAMILY REHAB/PATHWAYS
NE PC CTR FOR ADDICTIVE BEHAVRS
MN PC MEDICAL FOUNDATION
NE PC MOUNT AUBURN HOSPITAL
WM PC MULTI-SERVICE HEALTH
CM PC NO CNTRL/TRI PRVNTN FIRST
NE PC PSYCHOLOGICAL CENTER
MS PC SO SHORE COUNCIL ON ALC
* Subsubtotal *

2309	0052510	**	9406	25809
2309	0052248	**	9406	25809
2309	0052250	**	9406	25809
2309	0051251	**	9406	25809
2309	0052252	**	9406	25810
2309	0052253	**	9406	25810
2309	0051183	**	9406	25810
2309	0051184	**	9406	25810

** Subtotal **

206476

206476

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 90
budgcont

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
** APPROPRIATION: 9407				
* ORG NUMBER: 2309				
SE PC ALC FAMILY REHAB/PATHWAYS	2309	0052510	** 9407	9291
NE PC CTR FOR ADDICTIVE BEHAVRS	2309	0052248	** 9407	9291
MN PC MEDICAL FOUNDATION	2309	0052250	** 9407	9291
NE PC MOUNT AUBURN HOSPITAL	2309	0051251	** 9407	9291
WM PC MULTI-SERVICE HEALTH	2309	0052252	** 9407	9290
CM PC NO CNTRL/TRI PRVNTN FIRST	2309	0052253	** 9407	9290
NE PC PSYCHOLOGICAL CENTER	2309	0051183	** 9407	9290
MS PC SO SHORE COUNCIL ON ALC	2309	0051184	** 9407	9290
* Subsubtotal *				74324
** Subtotal **				74324

07 BUDGET CONTROL REGISTER
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 90
budgcont

REG TY VENDOR	ORG	ID CONTRCT	APPROP	MAXIMUM OBLIGATION
** APPROPRIATION: 9408				
* ORG NUMBER: 2321				
WM YI ADSWM/YOUTH INTERVENTION	2321	0059971	9408	35000
SE YI ALC FAMILY REHAB	2321	0052221 **	9408	18000
MS YI ALIANZA HISPANA	2321	0059236 **	9408	85000
SE YI ATTLEBORO YTH & FAM SVCS	2321	0052222 **	9408	17000
MN YI BOYS & GIRLS CLUB/BOSTON	2321	0059972	9408	20000
SE YI CAPE COUNSELING CENTER	2321	0052227 **	9408	19000
MN YI CASPAR	2321	0051228 **	9408	20000
MN YI CHELSEA ASAP	2321	0052609 **	9408	25000
MN YI CONCILIO HISPANO	2321	0059973	9408	20000
NE YI EASTERN MIDDLESEX MHA	2321	0052188 **	9408	20000
WM YI FRANKLIN MED CTR	2321	0059974	9408	11000
SE YI GREATER TAUNTON COUNCIL ON ALC	2321	0052235 **	9408	10000
NE YI LOWELL HOUSE	2321	0052979 **	9408	20000
MS YI PEACEFUL MOVEMENT COMMITTEE	2321	0052981 **	9408	42000
SE YI PORTUGUESE YOUTH CULTURAL ORG	2321	0059975	9408	14000
CM YI PROSPECT HOUSE	2321	0052243 **	9408	54000
WM YI PROV HOSP/ELM ST HLTH CTR	2321	0051244 **	9408	23000
WM YI PROV HOSP/ELM ST HLTH CTR	2321	0059976	9408	11000
MN YI SOMERVILLE PORT-AMER LEAG	2321	0051978	9408	20000
CM YI TOGETHER	2321	0059977	9408	26000
* Subsubtotal *				
** Subtotal **				510000
*** Total ***				510000
				51147774

NON BUDGETED BCR
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 90
noncont

REG TY VENDOR	ORG	ID CONTRACT	APPROP	MAXIMUM OBLIGATION
** APPROPRIATION: 0103				
* ORG NUMBER:				
NT RFP /SS ACUPUNCTURE	0	*	0103	1
RFP /SS DETOX/TCF	0	*	0103	1
WM OP RFP /SS JEWISH FAM SRV - PWA	0	*	0103	1
WM MS RFP /SS WESTFIELD SITE	0	*	0103	40000
* Subsubtotal *				40003
* ORG NUMBER: 2305				
MN OP SOMERVILLE PORT-AMER LEAG	2305	0052160	** 0103	42500
* Subsubtotal *				42500
* ORG NUMBER: 2306				
WM ST ADSWM/QUARRY HILL REHAB	2306	0050174	** 0103	52087
* Subsubtotal *				52087
* ORG NUMBER: 2310				
MS NT PEACEFUL MOVEMENT COMMITTEE	2310	005	0103	40000
WM NT PROV HOSP/ELM ST HLTH CTR	2310	0052480	** 0103	81680
MN NT TRUSTEES HLTH & HOSP/DHR	2310	0001489	0103	60775
MN NT VICTORY HOUSE	2310	0050876	0103	200000
* Subsubtotal *				382455
* ORG NUMBER: 2315				
MS TC CASA ESPERANZA	2315	0050922	* 0103	227793
MS TC CASA ESPERANZA	2315	0050922	0103	20600
MS TC F.I.R.S.T. RES	2315	0050214	** 0103	36020
MS TC F.I.R.S.T./ HISP ACAD	2315	0050213	** 0103	35196
WM TC MARATHON HOUSE	2315	0050216	** 0103	74495
MS TC PROJECT TURNABOUT	2315	0054582	** 0103	148881
CM TC SPECTRUM	2315	0050470	** 0103	200557
SE TC STEPPINGSTONE	2315	0050921	0103	323000
NE TC TEAM COORDINATING AGENCY	2315	0050204	** 0103	60262
MS TC TRUSTEES HLTH & HOSP/BCH	2315	0050578	** 0103	24835
MS TC WOMEN, INC.	2315	0050220	** 0103	31533
* Subsubtotal *				1183172
* ORG NUMBER: 2317				
NE DD LOWELL GENERAL HOSPITAL	2317	0054820	** 0103	108112
MS DD POSITIVE LIFESTYLES	2317	0054937	** 0103	212368

NON BUDGETED BCR
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
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REG TY VENDOR

ORG ID
CONTRACT APPROP MAXIMUM
OBLIGATION

CM DD SPECTRUM DRG DETOX
SE DD STANLEY ST CTR/FR-NB CAP
* Subsubtotal *

2317 0050211 ** 0103
2317 0050212 ** 0103

400380
504299

1225159

* ORG NUMBER: 2318

MN MS ADDICTION TREATMENT CENTER
MN MS BAYCOVE HUMAN SERVICES
MN MS HABIT MANAGEMENT
SE MS NEW BEDFORD CTR HUM SVCS
MN MS NO CHARLES MH RES & TRNG
NE MS NUVA
WM MS PROVIDENCE HOSPITAL
CM MS SPECTRUM
SE MS ST. ANNE'S HOSP/LIFELINE
MN MS TRUSTEES HLTH & HOSP/BCH
* Subsubtotal *

2318 0050949 0103
2318 0052241 ** 0103
2318 0050947 0103
2318 0001504 0103
2318 0001496 0103
2318 0050948 0103
2318 0052245 ** 0103
2318 0051248 0103
2318 0051249 0103
2318 0051250 0103

275000
94583
201050
1498648
530133
75000
170685
837530
255305
612600

4550534

* ORG NUMBER: 5295
MN FENWAY CHC/AIDS
* Subsubtotal *

5295 0294900 * 0103

20000

** Subtotal **

20000

*** Total ***

7495910

7495910

NON BUDGETED BCR
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 90
noncont

REG TY VENDOR	ORG	ID CONTRCT	APPROP	MAXIMUM OBLIGATION
** APPROPRIATION: 0200				
* ORG NUMBER: 2322				
GB MASS CNCL ON COMPULSV GAMBLING	2322	0058981 **	0200	700
GB NO CHARLES MH GAMBLING	2322	0058983 **	0200	463
* Subsubtotal *				1163
** Subtotal **				1163

NON BUDGETED BCR
CONTRACTS BY APPROPRIATION, ORG, VENDOR NAME
FY 90
noncont

REG TY VENDOR	ORG	ID CONTRCT	APPROP	MAXIMUM OBLIGATION
** APPROPRIATION: 0225				
* ORG NUMBER: 2322				
GB MASS CNCL ON COMPULSV GAMBLING	2322	0058981	** 0225	250000
GB MOUNT AUBURN HOSPITAL/GAMBLING	2322	0058982	0225	125000
GB NO CHARLES MH GAMBLING	2322	0058983	** 0225	125000
* Subsubtotal *				500000
** Subtotal **				500000
*** Total ***				501163

ACME
BOOKBINDING CO. INC.

JUN 28 1990

40 E. Main Street
Charlestown, Mass.

